



Supporting California's Children Through a Whole Child Approach

A Field Guide for Creating Integrated,
School-Based Systems of Care

April 2022



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Breaking Barriers is a collaborative of leaders from across child-serving systems throughout California who are united by the conviction that only through collaborative planning and problem solving can we ensure the educational, social, emotional, and behavioral well-being of California's children and youth.



The California Alliance and Catalyst Center: The collective voice for organizations that serve children, youth, and families. For those dedicated to improving the lives of these at-risk populations, the California Alliance stands apart as the champion and leading voice for organizations that advocate for children, youth, and families, and for advancing policy and services on their behalf. Catalyst Center provides training, technical assistance, and research for the field, centering the voice of youth and their families.



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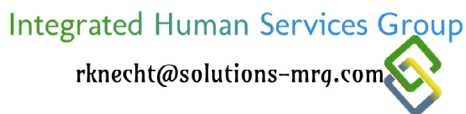
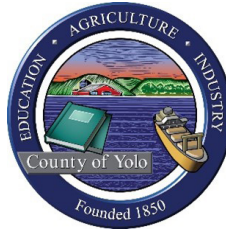
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Introduction

Mission and Appreciation

This guide is a first step by a collaborative of California child-serving experts to further California's current efforts toward one effective, integrated, comprehensive, school-based child-serving system. The authors sincerely thank California, and its leaders at the state and local levels, for beginning what we see as the way forward to collective ownership, collective solutions, and, most importantly, collective recovery for our children, families, and those who serve them. The last two years of the COVID-19 pandemic have done nothing less than lay bare the needs of children and their families and expose the gaps in how various social sector agencies—education, mental health, health, social services, and early development and education—are working together to achieve a whole child system. The state and locally supported bodies of work incorporated herein are evidence of that amazing start.

We Know What Is Possible

California's school leaders envision a future in which young people's success isn't hindered by the challenges they bring with them to school. A throbbing toothache, lack of transportation, or mental health needs no longer determine whether a student can learn and thrive. In this future, all students benefit from prevention and early intervention measures, regardless of insurance provider, health plan, or diagnosis, and schools play a key role—in terms of both place and relationship—in linking students to these essential services.

Educators and other school staff, in partnership with students, parents, and caregivers, know what students need in order to succeed. In many cases, resources exist to provide these services, including academic interventions, social-emotional supports, mental health supports, medical services, and social services for families. Although such resources are only one component of creating safe, effective, and equitable learning environments—for example, schools must also have qualified and effective teachers, supportive school climates, and equitable access to high-quality curriculum and instruction—they play a critical, igniting role in ensuring that all students have the opportunity to learn and thrive.

However, the ability of schools and families to access these resources for students—whether they're services provided by other local agencies and community-based organization (CBO) partners or by state or federal funding for services provided directly by schools—is easier said than done. A handful of communities have managed to build integrated, coordinated partnerships in which local educational agencies (LEAs), county offices of education (COEs), other county agencies, city governments, and CBOs work together to support the whole child. But the complexity of and ingrained policy incentives and silos that separate education, health, and social services systems at the state and local levels have made this challenge too daunting for many others to attempt.

The State’s Child-Serving System Is Siloed, but We Are the Solution

The way in which California has created child- and youth-serving programs and services—including making each individual program the sole responsibility of one agency or department to administer, monitor, and fund—has long been accepted as just the way it is.

In 2022, the state made an unprecedented multiyear investment in supporting the whole child, but if this funding is allocated through the state’s historically siloed system of separate agencies, each with separate goals, monitoring, reporting, and fiscal requirements, we can expect that LEAs and their partners will encounter the same barriers in attempting to use it to provide integrated, comprehensive services for students and families.¹ So the question is, How can we prevent this from happening?

With California’s historic influx of funding, much of which is short term, the time for transformational change is now. As such, the goals of this guide are twofold. First, this guide aims to provide LEAs with information on several major whole child initiatives: the Adverse Childhood Experiences Aware Initiative, the Children and Youth Behavioral Health Initiative, the Children and Youth System of Care, community schools, early childhood initiatives, and expanded learning. This information includes guidance regarding the various funding streams available to support these initiatives and guidance for partnering with other local agencies and organizations to achieve sustainable implementation. That is, this guide aims to support LEAs in coordinating these services—and in breaking down siloes at the local level—while working within the state’s current, siloed system of separate programs and funding sources that all support the goal of serving the whole child.

Second, through the recommendations in Chapter 4, this guide lays the groundwork for state leaders to coordinate these initiatives in order to achieve a single, shared purpose: to allow LEAs to respond to only one set of program, monitoring, and reporting requirements and processes and to have the necessary fiscal flexibility to maximize the impact of available resources for students and families.

1 Baker, T. L., Wise, J., Kelley, G., & Skiba, R. J. (2016). Identifying barriers: Creating solutions to improve family engagement. *School Community Journal*, 26(2), 161–184. <https://www.adi.org/journal/2016fw/BakerEtAlFall2016.pdf>

Chapter 1

A Transformative Opportunity for Supporting the Whole Child

This chapter frames the opportunity before local leaders to transform their collective child-serving system. The chapter delves into the broad definition of a whole child approach, discusses how frameworks can facilitate more common implementation standards, and describes how investing federal and state resources can help make this transformation affordable. The chapter then makes the case that an orientation to the child and family should be the motivating driver toward organizing an integrated system of care. It concludes with steps that can be taken by local leaders to get started on the pathway to a whole child approach.

Defining a Whole Child Approach

Research indicates that human development and learning are shaped by, and can be supported or hindered by, environmental factors and the interactions of physical, psychological, cognitive, social, and emotional processes.² As a result, education systems are increasingly recognizing the need to adopt a whole child approach, one that attends to students' physical, social, emotional, and cognitive development.³ Key elements of a whole child approach include

- positive developmental relationships;
- environments filled with safety and belonging;
- rich learning experiences and knowledge development;
- development of skills, habits, and mindsets; and
- integrated support systems.⁴


When schools adopt a whole child approach, they see a wealth of improved outcomes for students, including improved attendance, engagement, physical and emotional health, and academic performance.⁵ In fact, the California Department of Education (CDE) and the

2 Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2020). Implications for educational practice of the science of learning and development. *Applied Developmental Science, 24*(2), 97–140. <https://doi.org/10.1080/10888691.2018.1537791>

3 Association for Supervision and Curriculum Development. (2007). *The learning compact redefined: A call to action: A report of the Commission on the Whole Child*. <http://www.ascd.org/ASCD/pdf/Whole%20Child/WCC%20Learning%20Compact.pdf>

4 Learning Policy Institute & Turnaround for Children. (2021). *Design principles for schools: Putting the science of learning and development into action*. https://k12.designprinciples.org/sites/default/files/SoLD_Design_Principles_REPORT.pdf

5 Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The Whole School, Whole Community, Whole Child model: A new approach for improving educational attainment and healthy development for students. *Journal of School Health, 85*(11): 729–739. <https://onlinelibrary.wiley.com/doi/10.1111/josh.12310>; Darling-Hammond, L., & Cook-Harvey, C. M. (2018). *Educating the whole child: Improving school climate to support student success*. Learning Policy Institute. <https://learningpolicyinstitute.org/product/educating-whole-child-report>



California State Board of Education have adopted a whole child vision,⁶ signaling the state’s intention to drive outcomes for students in this direction.

When schools adopt a whole child approach, they see a wealth of improved outcomes for students, including improved attendance, engagement, physical and emotional health, and academic performance.

However, schools cannot meet this ambitious charge with policy visions and high-level frameworks alone. Coordinating policy, process, and practice to ensure that students are healthy, safe, engaged, challenged, and supported improves students’ health and learning. With its Whole School, Whole Community, Whole Child (WSCC) model (Exhibit 1), the Centers for Disease Control and Prevention aims to align the work of the public health and education sectors—which often serve the same students and share the same goals—in order to provide and coordinate the necessary programs and services that allow schools to adopt a whole child approach.⁷ The WSCC model categorizes these programs and services into 10 components:

1. physical education and physical activity;
2. nutrition environment and services;
3. health education;
4. social and emotional climate;
5. physical environment;
6. health services;
7. counseling, psychological, and social services;
8. employee wellness;
9. community involvement; and
10. family engagement.

This model emphasizes that families and communities are critical partners with education professionals in supporting students’ health, learning, and development. Given the impact of economic and home-based factors on students’ well-being and ability to learn, whole child approaches also often connect students’ families to other social supports such as food banks, housing assistance, job training, employment assistance, parent counseling, and other social services.⁸

6 California Department of Education (CDE). (2021b). *LCFF Priorities/Whole Child Resource Map*. <https://www.cde.ca.gov/eo/in/lcff1sys-resources.asp>

7 Centers for Disease Control and Prevention. (2021). *Whole School, Whole Community, Whole Child (WSCC)*. *CDC Healthy Schools*. <https://www.cdc.gov/healthyschools/wsccl/index.htm>

8 Darling-Hammond & Cook-Harvey. (2018). <https://learningpolicyinstitute.org/product/educating-whole-child-report>; Anderson Moore, K., & Emig, C. (2014). *Integrated student supports: A summary of the evidence base for policymakers*. Child Trends. <https://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper3.pdf>

Exhibit 1. The Whole School, Whole Community, Whole Child (WSCC) Model




Source. Centers for Disease Control and Prevention. (2021). Whole School, Whole Community, Whole Child (WSCC). *CDC Healthy Schools*. <https://www.cdc.gov/healthyschools/wsc/>

Integrated, School-Based Systems of Care Frameworks

States and school systems across the United States have adopted a variety of frameworks to communicate their whole child goals and actions. Frameworks hold value in that they can help education systems and their partners establish a common language and thereby understand the goals and specific components of a whole child approach. Furthermore, the variety of existing frameworks allows systems to choose the one that best reflects the priorities and components that the system's leaders and other interested parties want to implement in response to the needs of their communities.

In addition to having a wide variety of possible frameworks to choose from, different state agencies, LEAs, and partners have different conceptualizations of how various child-serving frameworks fit together. For example, California has invested heavily in the multitiered systems of support (MTSS) model. The California MTSS framework aligns academic, behavioral, social, and emotional learning and mental health supports to identify and match the needs of all students and to close equity gaps. Some LEAs use MTSS as an overarching framework for an integrated system of comprehensive supports, whereas others view MTSS as a distinct, specific strategy.



Organizations such as the Chan Zuckerberg Initiative include student identity development as a critical goal of their whole child framework.⁹ Other organizations, like the national Center to Improve Social and Emotional Learning at WestEd, emphasize the notion of the whole person in their framework in order to communicate the importance of attending to the well-being of older students and staff in addition to that of traditional students.¹⁰ Still others, such as FSG and StriveTogether, adopt a collective impact framework to emphasize the multiple expressed needs of students who would be served by a variety of agencies.¹¹

There exists a vast collection of such approaches and language related to whole child efforts, including *collective impact* and *integrated systems of support*. However, there is no consensus within the field on how the frameworks relate to one another. Although there may be value in establishing a common definition for how these frameworks fit together, this guide does not attempt to do so. The authors of this guide debated this point passionately, which suggests that perhaps the implementation of whole child efforts, not necessarily term definition, should be the focus of commonality.

More important than any given framework is its implementation, particularly in regard to the fully integrated, cross-sector collaboration that is critical to the success of integrated, school-based systems of care.

Regardless of the framework a state or local education system chooses, this guide aims to support local leaders in designing systems that provide comprehensive, aligned, and accessible sets of services that promote whole child development and advance equity for students and families. Within this guide, such systems are referred to as integrated, school-based systems of care.¹²

More important than any given framework is its implementation, particularly in regard to the fully integrated, cross-sector collaboration that is critical to the success of integrated, school-based systems of care. This collaboration is too often missing, leading to burned-out school and district staff, unsustainable and failed initiatives, and missed opportunities to improve student outcomes.

9 Chan Zuckerberg Initiative. (n.d.). *Whole child approach to education*. <https://chanzuckerberg.com/education/whole-child-approach-to-education/>

10 Walrond, N. (2021). *Serving the whole person: An alignment and coherence guide for local education agencies*. WestEd. <https://www.wested.org/resources/whole-person-alignment-and-coherence-guide-for-local-education-agencies/>

11 Henig, J. R., et al. (2015). *Putting collective impact in context: A review of the literature on local cross-sector collaboration to improve education*. Teachers College, Columbia University, Department of Education Policy and Social Analysis. <https://www.wallacefoundation.org/knowledge-center/Documents/Putting-Collective-Impact-Into-Context.pdf>

12 The term *system of care* often refers to a specific concept in which a network of child- and youth-serving agencies and organizations provide coordinated, necessary services to students experiencing or at risk of experiencing mental health challenges (Stroul, B., Blau, G., & Friedman, R. [2010]. *Updating the system of care concept and philosophy*. National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development. <https://www.isbe.net/Documents/soc-brief-2010.pdf>). California's Children and Youth System of Care, described later in this guide, is based on this concept. However, the term *integrated, school-based system of care* used throughout this guide refers to a broader concept in which cross-sector collaboration enables schools to provide a wide range of coordinated, comprehensive services to all students.



California's Momentous Opportunities and Challenges

Since the start of the COVID-19 pandemic, the federal and state governments have infused billions into federal relief funds for California K–12 schools¹³ and a historic \$123.9 billion into TK–12 education funding through California's Budget Act of 2021.¹⁴ The legislation to implement these funds emphasizes that they should be used to meet the academic, social, emotional, and physical health needs of students.¹⁵ Together these investments signal a clear message: California's local education leaders, in coordination with local public health leaders and other partners, should stabilize the health of and safe environment for children on the way to transforming our school systems into supportive, responsive learning environments that provide the coordinated services students need to grow and thrive.

Naturally, achieving this goal is easier said than done. Although successful examples of integrated, school-based systems of care exist in some local California communities, most LEAs, public health departments, mental and behavioral health agencies, and social service agencies operate largely in silos. Some factors that contribute to these silos are outside of local control. However, as evidenced by various successful instances of LEAs, local health agencies, and community partners working together to provide comprehensive services to students, this type of collaboration is possible—and when it happens, students can thrive.

Meeting Students' Individualized Needs—But Not in Silos

Addressing the needs of the whole child requires embracing our collective responsibility, as leaders and practitioners in youth-serving agencies and organizations, to serve the whole child together through one system. As such, education systems and their agency and community partners must first hold families and children as their central focus and must ensure joint understanding of our goals, roles, and resources so that children and families may be referred to and access the appropriate supports and services to meet their individualized needs.


To ensure students receive the right supports and that programs and services aren't duplicated, establishing an integrated, school-based system of care must include a shift toward interagency coordination and joint responsibility.

Many schools already take a tiered approach to meeting students' individualized academic and behavioral needs. For example, an MTSS approach aims to ensure that all students receive Level 1 (universal) supports, a limited

13 Fensterwald, J., Burke, M., D'Souza, K., Johnson, S., Jones, C., Lambert, D., Smith, A., & Tadayon, A. (2021, July 13). Unprecedented California budget to usher in sweeping education changes. *EdSource*. <https://edsources.org/2021/unprecedented-california-budget-to-usher-in-sweeping-education-changes/657849>

14 State of California Department of Finance. (2021). *California state budget: 2021–22*. <http://www.ebudget.ca.gov/2021-22/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf>

15 American Rescue Plan Act of 2021, H.R. 1319, 117th Cong. (2021). (enacted). <https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-HC-9CE46A721204EB081A88ACD8FB287D5>; State of California Department of Finance (2021).



number of students receive Level 2 (targeted) supports, and an even smaller number of students receive Level 3 (intensive) supports. Furthermore, students eligible for special education have individualized education plans (IEPs) that provide additional individualized support.

However, the school-linked supports those students currently receive through MTSS, IEPs, after-school programs, school-based health providers, and other school-based programs and services are often not coordinated with one another. To ensure students receive the right supports and that programs and services aren't duplicated, establishing an integrated, school-based system of care must include a shift toward interagency coordination and joint responsibility.

Building the Capacity of School Staff, Community Partners, and Families to Establish Strong Partnerships

For families to trust and access the services that school systems provide, school staff must be equipped with the skills, knowledge, and desire to build strong partnerships between families and the school. Research shows that authentic partnerships between school staff and families to support their children's education has a tremendous positive impact on student achievement.¹⁶ However, several factors often stand in the way of such partnerships, including the assumptions, beliefs, attitudes, and fears that families and school staff bring to their interactions.

Pulling back the curtain on those assumptions, beliefs, and attitudes with each other as professionals is vital to establishing deep family-school partnerships as the norm. Without training and follow-up coaching and support for school staff, the divide between schools and families will persist and continue to contribute to achievement and opportunity gaps.¹⁷ COEs and school districts must provide ongoing professional development for school staff to build their capacity for strong family engagement. A useful resource for this effort is *Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships*,¹⁸ which provides a guide for how schools and districts can build home-school partnerships that lead to increased academic achievement and healthy development. This resource does not prescribe specific actions that schools must take; rather, it offers guidance around how schools and districts can

- identify and address the challenges that families and staff face in creating strong partnerships;
- engage families in a way that supports strong relationships, is linked to academic outcomes, and is asset based and culturally responsive;
- recognize, honor, and build upon families' and staff's strengths, gifts, abilities, and knowledge; and
- ensure that strong family engagement is systemic throughout the organization, integrated into all programs, and sustained with resources and infrastructure.

16 Patrikakou, E. N., Weissberg, R. P., Redding, S., & Walberg, H. J. (2005). School-family partnerships: Enhancing the academic, social, and emotional learning of children. In E. N. Patrikakou, R. P. Weissberg, S. Redding & H. J. Walberg (Eds.), *School-family partnerships for children's success* (pp. 1–17). Teachers College Press.

17 Niebuhr, D., & Weller, T. (2016). *Why family engagement matters. Student supports: getting the most out of your LCFF investment*. Partnership for Children & Youth; High Expectations Parental Services.

18 Mapp, K. L., & Kuttner, P. J. (2013). *Partners in education: A dual capacity-building framework for family-school partnerships*. SEDL. <https://sedl.org/pubs/framework/FE-Cap-Building.pdf>; Dual Capacity. (n.d.). *What's new in Version 2*.

The Importance of a Culturally Responsive Approach

To succeed in providing comprehensive services to students and their families, it is critical to take a culturally responsive approach that is sensitive to each child's and family's individual lived experiences and needs. When schools put children and families first and leverage students' individual lived experiences, cultures, and languages, they strengthen the resilience of students and communities, create a culture of belonging, and maximize protective factors associated with well-being.¹⁹ Particularly in the wake of the COVID-19 pandemic, many recognize that collective healing and collective care are more important than ever.

As an example, a 2021 report titled *Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project*²⁰ highlights a multisector, community-driven, coordinated effort to advance Solano County's cultural responsiveness to the needs of three of its historically underserved populations: the Filipino-American, Latino, and LGBTQ communities.

One of the county's strategies, Takin' CLAS to the Schools, is to create school-based wellness centers. This community-defined strategy aims to increase access and utilization of mental health services inside schools by integrating CLAS (culturally and linguistically appropriate services) standards and reinforcing the idea that students and families can receive comprehensive and culturally and linguistically appropriate services within the school context. For Latino communities, these services include quality time dedicated to building relationships and engaging in conversations (i.e., *pláticas y conocimiento*, or conversations and awareness) about mental health and learning from other families with similar lived experiences. This strategy reflects the family engagement, community involvement, health education or health literacy, and counseling, psychological, and social services components of the WSCC model (Exhibit 1).

Having mental health staff in schools also presents an opportunity to build and diversify the mental health workforce of the future. For example, the Cultural Game Changers strategy described in the Solano County report aims to build a more culturally and linguistically responsive workforce by encouraging local students to consider pursuing a career in the mental health field. School workforce pipeline programs that include career pathways and partnerships between high schools, colleges and universities, and community-based organizations then provide essential support to help students make these career interests a reality.

19 Goodman, K., & Hooks, L. (2016). Encouraging family involvement through culturally relevant pedagogy. *SRATE Journal*, 25(2), 33–41. <https://files.eric.ed.gov/fulltext/EJ1113841.pdf>

20 Solano County Behavioral Health & UC Davis Center for Reducing Health Disparities (2021). *Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project: Final evaluation report*. <https://health.ucdavis.edu/crhd/pdfs/solano-county/icctm-final-report-2021-09-13.pdf>



Organization of This Guide

This guide was developed collaboratively by experts and leaders across the field, representing a variety of education, health, and social service organizations. Thanks to the varied expertise of its many coauthors, the guide offers details and implementation guidance on a wide variety of cross-sector initiatives to support the whole child. The guide consists of four chapters:

Chapter 1 has introduced and provided background on implementing and supporting a whole child approach by creating integrated, school-based systems of care.

Chapter 2 offers guidance to LEAs, who must work within the current system of siloed funding and administrative requirements. This chapter describes, in detail, six major initiatives that can serve as part of an integrated, school-based system of care. The discussion of each initiative includes an overview of the initiative, frequent funding sources used for the initiative, considerations for sustainable implementation, and a list of related resources.

Chapter 3, also directed toward LEAs, focuses specifically on how to fund various components of an integrated, school-based system of care. This chapter includes strategies for funding sustainability and further details about funding sources for comprehensive services.

Chapter 4 offers guidance to state leaders. Specifically, this final chapter discusses how state leaders can facilitate the ability of LEAs to establish integrated, school-based systems of care by modeling cross-sector collaboration at the state level in order to reduce the current barriers that LEAs face.

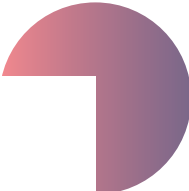
For readers whose LEAs are just beginning to explore efforts to support the whole child, we hope this guide will serve as food for thought as it provides an overview and details of some key initiatives and how they might be implemented together. For readers whose LEAs have already begun to implement such initiatives, we hope that this guide will provide useful insights about how to make these initiatives more coordinated and more sustainable—and, ideally, part of one coordinated, integrated, school-based system of care.

Lastly, we hope you will use this guide as a resource for connection to the interdisciplinary experts who have participated in its authorship and design. Appendix B offers contact information for many of these experts, who stand ready to answer questions, offer referrals, and support you in program development, no matter which door you enter from.

Getting Started

Integrated, comprehensive, and accessible school-based systems of care aren't launched overnight. Rather, LEAs often start small, with just a few partnerships and high-priority services, and they expand their partnerships and whole child services over time. When looking to get started, LEA leaders should consider the following steps. (A more detailed list of implementation steps is provided in Appendix A.)

- 1. Examine your current system.** Conduct a needs assessment to determine the most urgent, unmet needs across the students and families in your community, with a particular focus on those needs that stretch beyond typical public education domains. Next, co-create and conduct an asset map to inventory the strengths, resources, and potential partners that might be leveraged for future efforts. Consider the initiatives identified in this guide and how they might be leveraged to extend or build solutions to meet identified needs and assets that you identify.
- 2. Identify a leadership team.** Determine who will oversee implementation of your collective work and monitor its progress over time. Determine who your partners will be, and invite key partners to join your



leadership team. Again, think about the students and families you desire to serve and identify existing support organizations that may align to serve their needs.

3. **Identify long-term, transformational goals for your system and ideal starting points.** Investigate how to use multiprogram funding and partnerships to meet your transformational goals by identifying each appropriate funding source, understanding how to meet program requirements, and understanding how to facilitate service partnerships to comprehensively meet the needs of students and families.
4. **Think about sustainability.** As will be discussed further in Chapter 4, many of the state and federal funding sources available for supporting these efforts are limited-time funds. Consider how to use these funds for short-term investments that can have long-term impacts, such as facilities or digital infrastructure, intensive short-term interventions for students, and staff capacity building.²¹ In addition, plan early on for how to acquire new resources or shift existing, long-term funding sources in order to sustain any long-term new initiatives.
5. **Build a formal, intentional coalition for collective impact and accountability structures.** Achieving large-scale social change—the type of change needed to establish and sustain an integrated, school-based system of care—requires deep cross-sector collaboration, sometimes known as collective impact. Distinct from more casual collaborative efforts, collective impact initiatives involve a “a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.”²² When reaching out to prospective partners, engage them as co-leaders who understand the full vision and are committed to building a system together.

Related Resources

- [Serving the Whole Person: An Alignment and Coherence Guide for Local Education Agencies](#): A guide that helps LEAs inventory their current whole child initiatives, understand how these initiatives fit together and connect to a broader vision, and tailor implementation so that the LEAs’ whole child efforts are more aligned and coherent.
- [Whole child resources](#): Whole child resources compiled by the CDE that support schools in creating an environment in which all students are safe, engaged, supported, challenged, and healthy.

21 For further guidance, see *Three Strategies for Investing One-Time Federal Relief Aid to Make a Lasting Difference: Sustainable Financing of Education Innovations* (Willis, J., Krausen, K., & McClellan, P. [2021]. WestEd. https://www.wested.org/wp-content/uploads/2021/07/Federal-COVID-Relief-Aid_Brief3_RampUp.pdf).

22 Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*, 9(1), 36–41. https://ssir.org/articles/entry/collective_impact#

Chapter 2

Six Initiatives for Serving the Whole Child
























Partnering to meet student needs is an ongoing process that takes a whole child approach and involves multiple agencies. Entities involved in this work include local schools, local government social service and health agencies, CBOs, parents, and caregivers. This chapter is divided into six distinct categories of focus, each of which describes one specific initiative, prospective funding sources, and guidance for sustainable implementation. These do not encompass the universe of initiatives underway or being launched to support such an effort. However, their scale and size beg us to consider their role in shaping and supporting the development of local ecosystems that aim to service the whole child.

The six initiatives explored in this chapter are

- **Adverse Childhood Experiences Aware Initiative**, which addresses the impact that adverse childhood experiences (ACEs) have on health and well-being;
- **Children and Youth Behavioral Health Initiative (CYBHI)**, which is designed to screen and support all children in their emerging and existing behavioral health needs;
- **Children and Youth System of Care**, which coordinates services across agencies for serving children and youth in, or at risk of, entering foster care;
- **community schools initiatives**, which take a transformative approach that leverages the expertise of students, families, teachers, and community partners to redesign the systems, structures, cultures, and habits of schooling;
- **early childhood initiatives** that foster children’s physical, cognitive, and emotional development from birth through age 4; and
- **expanded learning**, which provides safe, healthy, and engaging learning environments for children beyond the traditional school day and school year.

Together, these six initiatives represent a wealth of programs and services that can be woven together to support a single goal: improving the health and well-being of all children in California and, in doing so, creating conditions in which children can learn and thrive. Exhibit 2 shows the extent to which these various initiatives can provide or increase access to professional development and training, an integrated workforce, and governing structures; build or seed partnerships and collaboration; and build infrastructure that provides services to students’ families or provides the time and space to deliver those services. For example, community schools initiatives provide access to professional development, training, and an integrated workforce to a moderate extent; provide access to government structures to a small extent; seed partnerships and collaboration; and provide infrastructure that provides services to students’ families.

Exhibit 2. How Initiatives Can Provide or Increase Access to Opportunities for Building Local Integrated, School-Based Systems of Care

Provide/ Increase Access	ACES Aware Initiative	CYBHI	System of Care	Community Schools	Early Childhood Initiatives	Expanded Learning
 Professional development & training						
 Integrated workforce						
 Governing structures*						
 Partnerships & collaboration†	Build partnerships	Seed partnerships	Build partnerships	Seed partnerships	Build partnerships	Seed partnerships
 Services to students' families‡	Not applicable	Infrastructure to provide services	Not applicable	Infrastructure to provide services	Time & space to deliver services	Time & space to deliver services

* The governing structures of community schools are better described as management structures.

† Early childhood initiatives are primarily focused on early intervention and prevention.

Source: WestEd.


Adverse Childhood Experiences Aware Initiative

The Adverse Childhood Experiences (ACEs) Aware Initiative is an initiative driven by California's first surgeon general, Dr. Nadine Burke Harris. This initiative is focused on screening children, youth, and adults for ACEs, training medical providers, and improving public awareness about ACEs and the impact they have on health and well-being. This effort to screen for ACEs is the first of its kind in the nation—over 500,000 people have already been screened, and the ACEs Aware Initiative has the ambitious goal of reducing ACEs by half within one generation.²³

The acronym ACEs refers to 10 categories of adversities in three domains experienced by 18 years of age that were identified in a landmark 1998 study by the Centers for Disease Control and Prevention and Kaiser Permanente.²⁴ These adversities have been directly linked to toxic stress and to the development of long-term health issues such

23 California Department of Health Care Services (DHCS). (2021, November 4). *California screens more than 500,000 children and adults for adverse childhood experiences* [News release, No. 21-07]. <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2021/21-07-ACEs-Aware-11-4-21.pdf>

24 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)



as hypertension, asthma, obesity, and kidney disease, among others.²⁵ Addressing ACEs in children is thus critical to changing the course of Californians' health.

The ACEs Aware Initiative is closely tied to the Children and Youth Behavioral Health Initiative, as the CYBHI includes funding for a public education and social change campaign to improve general knowledge of ACEs and available screening for children, youth, and adults. In addition, the CYBHI includes incentives to build out ACEs screening for educators and therapists and to add dyadic services (i.e., services provided to young children and parents together) as a claimable Medi-Cal service.

These investments will further support whole child approaches available to schools. The broader ACEs initiative dovetails with efforts such as [Trauma Transformed](#) and [Positive and Adverse Childhood Experiences](#) (PACES), which are supporting communities and teaching them to create trauma-informed schools and communities in order to reduce the toxic stress that causes long-term effects on health. In November 2021, University of California, Los Angeles, and University of California, San Francisco, launched the [ACES Aware Family Resilience Network \(UCANN\)](#) to bring expertise and resources to the state's ACEs Aware Initiative.

Programs/Services, Staff, and Partners

Building a trauma-informed school is a whole school approach—a shift in culture and practice for all staff. Ideally, this paradigm shift is led by a principal and a leadership team comprised of teachers and student support staff who meet frequently to support implementation schoolwide. The most successful schools begin with focusing on the positive and adverse experiences of leadership and staff, implementing practices and policies for themselves and then for students—the direction to put on your own oxygen mask first may come to mind. Leading by example is a powerful force for change, and schools taking this approach find that students adapt more quickly to shifts in their experience at school.

The ACEs Aware Initiative has created local networks of care, of which schools are often a critical partner. Efforts to build trauma-informed schools should include school counseling personnel (i.e., school counselors, social workers, psychologists, nurses), health centers, CBOs that provide social and behavioral health services, and early childhood partners. The [ACEs Aware Trauma-Informed Network of Care Roadmap](#) provides specific ideas for schools and communities that can advance these efforts.²⁶


Connections to Other Initiatives

An integrated approach toward creating a trauma-informed environment based on PACES science leads to more effective implementation. The other initiatives described in this guide are natural complements to a trauma-informed school.

For example, the Children and Youth System of Care interagency leadership team model serves as a county's clearinghouse for coordinating, planning, and collaboratively implementing many related initiatives, including ACEs Aware programs and First 5 and related early childhood prevention efforts. High-quality early childhood initiatives are crucial to healthy early development and are one of our greatest assets in building resilient and

25 ACEs Aware. (2020). *ACE screening clinical workflows, ACEs and toxic stress risk assessment algorithm, and ACE-associated health conditions: For pediatrics and adults*. <https://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Workflows-Algorithms-and-ACE-Associated-Health-Conditions.pdf>

26 ACEs Aware. (2021). *ACEs Aware trauma-informed network of care roadmap*. <https://www.acesaware.org/wp-content/uploads/2021/06/Aces-Aware-Network-of-Care-Roadmap.pdf>



well-regulated youth. California's *Master Plan for Early Learning and Care*²⁷ emphasizes the need for equitable early learning, which is vital to reducing the impact of ACEs for children aged birth through 5. Giving all children the opportunity to engage in early learning, and for their families to access adjunctive community services, will strengthen early supports for families.

Expanded learning opportunities are also essential in addressing PACEs, especially in regard to providing the opportunity to build secure relationships with nonparent adults, peers, and community members. In addition, the CYBHI is closely linked to the ACEs Aware Initiative and provides substantial support for ACEs awareness campaigns and screenings. Preschool, transitional kindergarten (TK), and expanded learning settings are optimal for providing ACEs screenings to children and youth and to offer provider training.

Funding Sources

The ACEs Aware Initiative has focused on training providers, primarily medical personnel, on how to screen for ACEs and on building local networks for care. Recipients of grants to participate in ACEs Aware and PACEs activities and initiatives can be found on the [ACEs Aware grantee map](#). School leaders should identify these activities in their region and determine how to engage with this network.


Because the transformation to a trauma-informed, healing-centered school environment is a whole school approach, it uses many of the resources already available to LEAs, some of which may need to be refocused on this effort. For example, one-time COVID-19 relief funds, both federal and state, can also be used to support efforts toward developing a trauma-informed school, particularly for special populations. Resources provided by the federal Elementary and Secondary Emergency Relief (ESSER-1) Fund can be used to provide mental health supports, provide expanded learning, and address learning loss for students who come from a low-income background, are English Learners, are experiencing homelessness, or are in foster care. In addition, the Governor's Emergency Education Relief (GEER) Fund provides funds to support activities to address learning loss and support special student populations, helping to address the trauma that students have experienced during the pandemic. These funds must be used by September 2022. Integrating ongoing funding streams, including those from the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and School-Based Medi-Cal Administrative Activities (SMAA) programs, and cultivating partnerships with CBOs to provide Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Medi-Cal services are all part of designing a trauma-informed school. (See Appendix C for definitions of key terms related to California's Medicaid claiming and reimbursement programs that provide services to eligible students.)

Professional development funding can also be used to support this effort. In addition, as disaggregated data reveal where the greatest needs of LEAs and schools exist, professional development funding can be used to bolster student-support staff positions and examine school policies to make sure they are based on PACEs science. Professional development used to facilitate the development of trauma-informed schools is specifically mentioned as a recommended use for the recent one-time funding streams.

How to Launch (or Strengthen) This Initiative

Develop a leadership team and identify champions and early adopters of the trauma-informed school concept. Ensure that this team has the necessary resources to develop a schoolwide approach to supporting teachers and other school personnel. Use the resources suggested in the Related Resources for this section to develop infrastructure to support these efforts. Once the team is in place, they can begin to plan out the calendar

27 Alcalá, L., Kubinec, J., Atkin, C., Karoly, L., King, C., Muenchow, S., & Stipek, D. (2020). *Master plan for early learning and care: Making California for all kids*. California Health and Human Services Agency. [https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20\(English\).pdf](https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20(English).pdf)



of professional development for staff, consider a book study, begin to look at data to identify areas of need, and create a vision for the way forward.

Connect funding to the effort. Determine which one-time funds and ongoing funds will support the effort at the district or school level. Many current funding streams can be integrated to design trauma-informed schools.²⁸ The one-time funds outlined in the Funding Sources in this section can support the emergent trauma that COVID-19 has caused for students.

Educate school personnel about PACEs science and a trauma-informed approach. Allow time for discussion and buy-in, including bringing in principals, teachers, counselors, and administrative staff from other schools who have experienced a successful transition. Experience has shown that if the school takes the time to secure buy-in from the entire staff, it has a better chance of implementing necessary changes.

There are several tools available to help teams determine their readiness and guide implementation. These are all included in the Related Resources in this section. A good resource for finding educators who have experience in this transition is [PACEs in Education](#), a community on [PACEsConnection.com](#). When leaders have others with whom to share best practices and challenges, they tend to feel more supported and are more likely to persevere in the hard work of whole school transformation.

Considerations for Sustainability

Sustaining a trauma-informed, healing-centered school requires an integrated whole school approach. Efforts that promote sustainability include

- continued commitment and guidance from leadership, not only in the school but also in the district and the school board;
- ongoing professional development and support for staff;
- authentic family engagement in the process;
- cycles of continuous improvement;
- building a leadership team that crosses school departments, as this helps ensure that this initiative is not siloed in a student services department; and
- using a trauma-informed lens based on PACEs science to view school policy and practice, including budgeting, hiring, discipline, and teaching and learning.

Related Resources

- [ACEs Aware Initiative](#)
- [ACES Aware Family Resilience Network \(UCANN\)](#)
- [Equity-Centered Trauma-Informed Education](#)
- [The Trauma-Informed School: A Step-by-Step Implementation Guide for Administrators and School Personnel](#)
- [Trauma-Sensitive Schools Training Package](#)
- [Reimagine and Rebuild California Schools: Restarting School with Equity at the Center](#)

28 KOI Education. (n.d.). *Funding for PBIS, SEL, school safety and trauma-informed care in schools*. <https://www.koi-education.com/insights/funding-pbis>

- [Creating Trauma-Sensitive Schools](#)
- [Kaiser Permanente Thriving Schools Integrated Assessment](#)
- [National Center on Safe Supportive Learning Environments](#)
- [PACEs Connection's PACEs in Education](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [The Deepest Well: Healing the Long-Term Effects of Childhood Trauma and Adversity](#)
- [The National Child Traumatic Stress Network's Child Trauma Toolkit for Educators](#)
- [What Happened to You? Conversations on Trauma, Resilience, and Healing](#)
- [Return on Investment in Systems of Care for Children With Behavioral Health Challenges](#)
- [Addressing the Epidemic of Trauma in Schools](#)

Children and Youth Behavioral Health Initiative

The Children and Youth Behavioral Health Initiative adopted in the 2021/22 budget aims to transform California's children and youth behavioral health system into a world-class, innovative, upstream-focused ecosystem in which *all* children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs. Services are statewide, evidence based, culturally competent, and equity focused. Approximately \$4 billion has been allocated over 5 years; funding grants are one-time and will be spent over 5 years, from 2022 through 2026.²⁹


The CYBHI has four initial areas of focus, each of which involves several individual components and campaigns:

- **expanding equitable access**, with “no wrong door” for children, youth, and families, meaning that they can access services through a variety of avenues;
- **building capacity for prevention, treatment, and recovery services**, including expanding the workforce of behavioral health counselors and coaches;
- **raising awareness and engaging communities and families**, including trauma-informed training for educators and public campaigns to raise behavioral health literacy; and
- **delivering behavioral health care services and supports that work**, including scaling evidence-based practices and conducting systematic program evaluations.³⁰

The CYBHI will build on existing behavioral health infrastructure and the work that has already been done to support collaboration and coordination with educational partners. Primarily, behavioral health services will be for all Californians aged birth through 25. These services will be available through commercial plans and Medi-Cal, and they will include a set of interactive tools and access to behavioral health supports via a virtual platform for 24 hours a day, 7 days a week. (This program resembles an employee assistance program [EAP], but it is focused on behavioral health support for children and youth statewide.)

29 California Health and Human Services Agency (CalHHS). (2021a). *California Health and Human Services Agency Children and Youth Behavioral Health Initiative: May revision 2021–22* [Proposal]. <https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2021/05/CHHS-Children-and-Youth-Behavioral-Health-Initiative-May-Revision-2021-22-Detailed-Proposal-FINAL.pdf>

30 CalHHS. (2021b). *Children and Youth Behavioral Health Initiative*. <https://www.chhs.ca.gov/wp-content/uploads/2021/12/Children-and-Youth-Behavioral-Health-Initiative-Brief.pdf>



Services will address a broad and complex body of issues that affect mental and emotional well-being, including alcohol and other substance use, stress, trauma, grief, family problems, and psychological disorders. Partnerships will include agencies and departments outside of the California Health and Human Services Agency (CalHHS), including K–12 and higher education systems. Voluntary, community-based programs will offer free and confidential assessments, short-term individual counseling, group counseling, peer supports, connections to community-based organizations, and referrals for higher-level follow-up services.

Some of the specific components of the CYBHI that are most closely connected to student mental health include

- incentive grants to Medi-Cal managed care plans (MCPs) to encourage partnerships with LEAs in order to build infrastructure and support ongoing service provision;
- funding for school-based counselors and coaches; and
- a virtual platform that all children and youth can use to access immediate assistance and connect to local resources and services.

While the CYBHI does not provide immediate resources for direct services, its focus on addressing the infrastructure needed to increase access to behavioral health services for children and youth aged birth to 25 brings together multiple state and local agencies that have previously not worked closely on these efforts. This integration creates a hopeful path toward greater integration of systems to best serve children and youth, with an emphasis on services connected to schools.³¹ The CYBHI involves activities that will be led by the following California state agencies: the Department of Health Care Services, Department of Health Care Access and Information, Department of Managed Health Care, Department of Public Health, Office of the Surgeon General, and Health and Human Services Agency, which will lead in coordination efforts across departments.


LEAs will be able to engage with several major components of the initiative. First, the Student Behavioral Health Incentive Program (SBHIP), which is managed by the Department of Health Care Services, will begin in 2022 and will provide incentive grants to Medi-Cal MCPs to partner with LEAs on projects in the priority areas of planning and coordination, infrastructure, and prevention and early intervention. These projects will continue to be funded from 2022 through 2024. Additionally, workforce investments such as school counseling and coaches will be a priority. The Department of Health Care Access and Information will be the lead agency and will gather interested parties to engage in discussions about how to effectively expand the workforce available for school-based mental health services by using coaches. Lastly, a virtual platform, which will be managed through the Department of Health Care Services, is currently in the planning phase and should launch in 2024.

Connections to Other Initiatives

The CYBHI supports other initiatives and funding efforts related to mental and behavioral health. It is intended to leverage the existing work and knowledge described in the *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*,³² which is closely connected to the ACEs Aware Initiative. The CYBHI's funding related to workforce, accessibility, and partnerships with MCPs will assist in expanding access and improving services for students.

31 Powell, R., Estes, E., & Briscoe, A. (2020). *Realizing one integrated system of care for children*. Policy Analysis for California Education. https://edpolicyinca.org/sites/default/files/2020-02/pb_powel_feb20.pdf; McCance-Katz, E., & Lynch, C. (2019, July 1). Guidance to states and school systems on addressing mental health and substance use issues in schools. Substance Abuse and Mental Health Services Administration; the Centers for Medicare & Medicaid Services. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf>

32 Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S. R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., Burke Harris, N., & Office of the California Surgeon General. (2020). *Roadmap for resilience: The California Surgeon General's report on adverse childhood experiences, toxic stress, and health*. Office of the California Surgeon General. doi:10.48019/PEAM8812



The CYBHI also connects to the broader Children and Youth System of Care work, which requires every county agency (including COEs and LEAs) to develop agreements regarding how they will work together to support the needs of children and youth in their county, including mental and behavioral health needs.

Funding Sources

Funding for the CYBHI is one-time funding spread over 5 years that supports the infrastructure of a statewide platform, expands the workforce, and incentivizes new partnerships that will expand access to services for children and youth through their schools. It builds on and supports other efforts, including the Mental Health Student Services Act, California Advancing and Innovating Medi-Cal, and the Family First Prevention Services Act, all of which are working to address the gaps in services to children and youth in California. Funding for the CYBHI is primarily from state funds, although some of the efforts may draw down available federal funds.

How to Launch (or Strengthen) This Initiative

LEAs will have opportunities to engage in developing partnerships with MCPs as they explore SBHIP, which launched in early 2022. MCPs are looking for LEA partners that are interested in collaborating on projects that will improve infrastructure and address ways to provide education, preventative care, or early interventions for students who are accessing services through managed care.

As more information becomes available to LEAs about school counselors and coaches, it will be important for LEAs to participate in meetings with interested parties to help shape how these investments will help students.

Considerations for Sustainability

As this initiative rolls out and moves through its 5-year implementation, it will be critical for LEAs and their partners to identify long-term funding sources to sustain the support and services developed. This can come primarily from Medi-Cal, whether through MCPs or through county specialty mental health plans. Workforce expansion will also be key to ensuring that, with infrastructure in place, there is continued effort to fund and maintain a strong, diverse workforce available to serve children and youth in schools.

Related Resources

- [CalHHS overview of the CYBHI](#)
- [CalHHS proposal for the CYBHI](#)
- [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#)
- [Student Behavioral Health Incentive Program, presentation materials from informational sessions](#)

A Related Initiative for Integrated Mental Health Supports: California's Mental Health Student Services Act

The Mental Health Student Services Act (MHSSA) is administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and provides grants for partnerships between county mental health agencies and LEAs to deliver school-based mental health services to students and their families. These partnerships support outreach to identify early signs of unmet mental health needs, reduce stigma and discrimination, and prevent unmet mental health needs from becoming severe and disabling.

LEA leaders should reach out to county mental health departments to learn if the county has already received funding through this program or is planning to apply for a new round of funding. As of 2022, MHSSA grants and related implementation programs will be offered and running throughout California's 58 counties and will form the basis for partnership expansion between LEAs, county mental health plans, and other county and community partners.

One longstanding example of California MHSSA implementation efforts exists in Placer County. The Placer Integrated Mental Health Program uses wellness centers as school-based places to facilitate mental health support for students, families, and those who support them. Each wellness center is staffed by a mental health specialist and a family and youth community liaison. These wellness center staff collaborate closely with other school personnel and with the county's Children and Youth System of Care and the county's Interconnected Systems Framework, which includes county behavioral health, family systems, and community resource centers.

Through this collaborative model, Placer's wellness staff develop and deploy services delivered through an MTSS and actively make connections between public and community-based agencies, educators, students, and families. Examples of their wellness services in each tier include the following:

- **Tier 1 (schoolwide):** Wellness center staff coordinate social-emotional learning lessons (in collaboration with classroom teachers), school staff professional development, family engagement events, and monthly wellness awareness activities (e.g., suicide prevention activities in September, mental health awareness activities in May).
- **Tier 2 (small group/targeted interventions that require a wellness referral):** The mental health specialist facilitates mental health groups that focus on topics such as anxiety reduction, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), healthy relationships, and depression management. Family and youth community liaisons facilitate nontherapeutic groups related to wellness, such as attendance support, friendship/social skills groups, and parent engagement groups.
- **Tier 3 (intensive, individual interventions that require a wellness referral unless the service is in response to an immediate crisis):** These services include individual therapy, individual parent/family consultation, resource acquisition (e.g., support for families seeking affordable housing or other government support services), case management, risk assessment, and crisis de-escalation.

It should be noted that the Placer Integrated Mental Health Program does not rely exclusively on funding from the MHSSA. Many of the additional funding sources described in Chapter 3 can be used to support such integrated systems for mental health support.

Children and Youth System of Care

California's Children and Youth System of Care was formally established by California AB 2083. The Children and Youth System of Care offers an effective model for what integrated, school-based systems of care can look like, although California's Children and Youth System of Care is specifically focused on serving students in, or at risk of entry to, the foster care system.

Under AB 2083, the goals of California's Children and Youth System of Care effort are to ensure that all children and youth in, or at risk of, foster care receive coordinated, timely, and trauma-informed services. Through a memorandum of understanding (MOU), each county must set forth roles and responsibilities of the systems and entities that serve children and youth. The intent is to build a locally-governed interagency or interdepartmental model on behalf of all children and youth who may be impacted by multiple public agencies.

In many county systems, the Children and Youth System of Care work invites coordination with other local school-focused plans, including the planning process for the local control and accountability plan (LCAP) and for the state's Mental Health Services Oversight and Accountability Commission (MHSOAC) school grants (i.e., MHSSA).

In particular, the Children and Youth System of Care's unique interagency leadership team (ILT) structure and process provide a venue and vehicle through which all child- and student- serving initiatives can be coordinated, collaboratively developed, and implemented. In some ways, the ILT's purpose resembles that of a county foster youth executive advisory council or special education executive committee but for all students in, or at risk of entry to, the county's foster care system.

By state law, each county's Children and Youth System of Care requires participation from the county's regional center, COE, child welfare or social services agency, mental health or behavioral health department, and probation department. In some counties, the presiding juvenile judge is also involved in leading the system's work, and some counties have also included tribal agencies. While not formally required, some county Children and Youth Systems of Care have formalized their interagency leadership and teaming processes to include or connect to key school district foster youth and school support leaders.

By design, the Children and Youth System of Care includes shared responsibility for both risks and rewards. The management of the system is collectively held, with the ILT deciding how to most effectively administer, implement, and improve programs and services. The ILT is typically staffed by department directors, the probation chief, the COE's superintendent, the regional center director, or the senior managers of these agencies.

Local school districts, while not obligated to participate in AB 2083, are often the most critical educational partners. District superintendents or associate superintendents are encouraged to engage the county's ILT to understand how to most effectively support and benefit from its processes.

The Children and Youth System of Care is anchored in a set of core values and principles. Among its hallmarks is the genuine commitment to shared responsibility among its partners and with the youth, parents, and family members being served. The Children and Youth System of Care also includes a focus on being family driven and youth guided, individualized, community based, culturally and linguistically attuned, evidenced based, and outcome focused.

The Children and Youth System of Care is supported by the [California Integrated Core Practice Model for Children, Youth, and Families \(ICPM\)](#),³³ the nation's only multiagency core practice model. The ICPM provides a common language, empirically based foundational principles, and professional behaviors for both leaders and

33 California Department of Health Care Services & California Department of Social Services. (2018). *The California Integrated Core Practice Model for Children, Youth, and Families*. https://cdss.ca.gov/Portals/9/ACIN/2018/I-21_18.pdf



direct-service professionals of the system partners. The ICPM training guide is a shared document intended to serve as the “glue” of the Children and Youth System of Care at both the leadership and practice levels.

National research on systems of care³⁴ for children with mental and behavioral health challenges, including those in foster care, has found that in communities that make a consistent and sustained effort to integrate supports effectively, students and families experience a host of positive benefits. These benefits include, but are not limited to,

- a 10 percent increase in school attendance and an 8 percent increase in graduation rates;
- a decrease in school suspensions and expulsions;
- decreased behavioral and emotional problems, rates of suicide, and substance abuse or misuse;
- reduced caregiver strain and improved family functioning;
- an expanded array of home- and community-based services, individualization of services, and increased use of evidence-based practices;
- a 43 percent decrease in inpatient mental health services;
- decreased demand for emergency medical room interventions for psychiatric or behavioral issues; and
- decreased rates of citation, arrest, and incarceration.

Connections to Other Initiatives

The Children and Youth System of Care ILT model, as envisioned in AB 2083, serves as the county’s clearinghouse for coordinating, planning, and collaboratively implementing many related initiatives. The routine and regular meeting agendas of the ILT should include planning conversations and shared reporting on all other youth- and student-serving programs, including development of community schools, early childhood and expanded learning programming, MTSS, and the Family First Prevention Services Act. The county’s ACEs Aware programs, along with First 5 and related early childhood prevention efforts, may also be a frequent consideration within a high-functioning Children and Youth System of Care ILT.

When planning services for foster youth, COEs and LEAs should work together to link the COE’s Foster Youth Services Coordinating Programs (FYSCP) with the LEA’s LCAP services focused on serving foster youth. Each of these has similar populations of focus and an alignment of goals with the child welfare services, probation, and other partners.

Some innovative education leaders also see the Children and Youth System of Care as a pathway to enhanced access to Medi-Cal Specialty Mental Health (MSMH) program and Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit resources (which include mild to moderate mental health services, behavioral health services, physical health services, and substance use disorder services) and to the sharing and coordination of school-based mental health resources under AB 114 by partnering with county behavioral health departments and MCPs (Appendix C).

Additionally, the student attendance review board (SARB) processes are a useful connection point, as Children and Youth System of Care partners can be leveraged to support and enhance service opportunities for families going through the SARB processes.

34 Stroul, B. A., Pires, S. A., Boyce, S., Krivelyova, A., & Walrath, C. (2014). *Return on investment in systems of care for children with behavioral health challenges*. National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development. https://gucchd.georgetown.edu/products/Return_onInvestment_inSOCsReport6-15-14.pdf



Funding Sources

AB 2083's Children and Youth System of Care effort does not contain discrete funding resources, as it is not a single program or service. Rather, it is an operational structure and process for collaboration across child- and youth-serving partners. However, the shared responsibility within a Children and Youth System of Care prompts partners to think creatively about how to seek, leverage, and support in-kind, one-time funding opportunities and to enhance, blend, and maximize ongoing funds.

How to Launch (or Strengthen) This Initiative

Counties began their Children and Youth System of Care operations in 2020. While each county has some differences in their Children and Youth System of Care processes, LEAs and partners seeking to be involved or connected can generally do so by contacting the county education superintendent's office or other Children and Youth System of Care partner agencies.

Considerations for Sustainability

Through its highly collaborative nature and absence of a dedicated funding stream, each county's Children and Youth System of Care is mutually dependent on the combined efforts of all partners. Critical sustainability elements include

- frequent and consistent ILT meetings and a clear commitment to administrative support for the meetings;
- political will, local champions at various levels who are willing to redefine themselves as part of a whole person framework, and a fully connected single system;
- continuous cross-training of key leadership and service delivery personnel;
- co-location of key leadership and service personnel;
- use of a single release-of-information form or authorization-to-disclose-information form and policy to support the form's use;
- partnership, and shared governance and decision-making with, youth and caregivers; and
- regular highlighting of cross-system successes.

Related Resources

- [California Health and Human Services Agency \(CalHHS\) System of Care for Children and Youth homepage](#)
- [California's Integrated Core Practice Model Guide](#)
- [CDE stability rate data](#)

Community Schools

The concept of community schools has gained widespread recognition in California and across the United States because it recognizes that schools, compared with other agencies, have unparalleled access to children and youth and thus are uniquely situated to serve this population.³⁵ A community school strategy refers to a whole child/whole school implementation approach to teaching and learning that is grounded in the science of learning and development, described in the executive summary of the report *Design Principles for Schools: Putting the Science of Learning and Development Into Action*.³⁶

This strategy entails districts and their schools working closely with teachers, students, and families and partnering with community agencies and local government to align and seamlessly integrate community resources in order to improve student outcomes. A community school strategy requires an approach that spans disciplines, organizations, and agencies as it seeks to address the challenges of programmatic and initiative overload and the siloed disconnection of adults (e.g., school and community leaders, teachers, service partners, families). The strategy seeks to bring together the assets of partners and the community in order to understand and meet the needs and capacity gaps of school communities.

Earlier iterations of community school implementation were focused largely on removing barriers to learning, and the child (and sometimes the family) was the unit of change. Programs and services seen to be outside the traditional instructional core—such as family support, health and wellness, and youth development—were “pushed in” to the school in order to attend to nonacademic or noncognitive needs.³⁷ Such wraparound services rarely penetrated the classroom door, let alone the relationships at the heart of how schools function.

Today’s community school strategies see the unit of change as teaching and learning environments and systems. Community schools seek to realize equitable and effective high-quality teaching and learning by reorganizing and strengthening the systems, structures, cultures, and habits of schooling. To do so, community schools explicitly leverage the expertise of students, families, teachers, and partners in order to design and implement learning environments and experiences that prioritize

- engaging, differentiated, and culturally and linguistically sustaining instruction and curricula;
- safe and inclusive classrooms and positive school climate;
- integrated support services and enrichment opportunities;
- active engagement and empowerment of students and families; and
- sustainable and distributed site-based leadership and organizational practices that prioritize equity.

Although the evidence base for community school strategies is still emerging beyond common programmatic components,³⁸ there is important implementation research to learn from, such as that regarding continuous

35 Maier, A., & Niebuhr, D. (2021). *California Community Schools Partnership Program: A transformational opportunity for whole child education*. Learning Policy Institute. <https://doi.org/10.54300/806.436>

36 Learning Policy Institute & Turnaround for Children. (2021). https://k12.designprinciples.org/sites/default/files/SoLD_Design_Principles_REPORT.pdf

37 Horn, M. B., Freeland, J., & Butler, S. M. (2015). *Schools as community hubs: Integrating support services to drive educational outcomes*. Economics Studies at Brookings, Brookings Institution. <https://www.brookings.edu/wp-content/uploads/2016/06/Horn-Freeland-Paper-FINAL.pdf>

38 Learning Policy Institute & National Education Policy Center. (2017). *Community schools: An evidence-based strategy for equitable school improvement* [Online research compendium]. Retrieved March, 13, 2022. <https://learningpolicyinstitute.org/product/online-research-compendium>



improvement,³⁹ LCFF implementation,⁴⁰ a maturing Statewide System of Support,⁴¹ school transformation,⁴² and linked learning.⁴³

Connections to Other Initiatives

The collaboration and relationship building that are hallmarks of community schools must be based on intentional decisions regarding programs, practices, staffing, resources, and investments. To facilitate best practice, these decisions should reflect specific leadership and decision-making principles that support student learning (Table 1).

Much like the Children and Youth System of Care ILT model that serves as a county’s clearinghouse for coordinating, planning, and collaboratively implementing many related initiatives that are currently geared toward serving youth in the foster care system, community school strategies can position LEAs to serve as the umbrella system of care for local and regional coordination and partnerships that align resources behind improving student outcomes. The 2021/22 California Community Schools Partnership Program (CCSPP) can help LEAs work in meaningful partnership with teachers, students, families, communities, agencies, and local government to coordinate resources, services, and initiatives that serve children, youth, and families. These might be provided through the ACEs Aware Initiative and CYBHI screenings and services, through child care and early learning programs such as preschool and TK, and through expanded learning time before and after school and during intersessions.

Beyond effective delivery of services, however, community school strategies have an intentional north star of inclusive and responsive learning: all students are seen, valued, and supported to be successful learners.

39 Myung, J., Krausen, K., Kimner, H., & Donahue, C. (2020). *Enabling conditions and capacities for continuous improvement: A framework for measuring and supporting progress towards the goals of the Statewide System of Support*. Policy Analysis for California Education. https://edpolicyinca.org/sites/default/files/2020-09/r_myung_sep2020.pdf

40 Policy Analysis for California Education. (n.d.-b). *LCFF Research Collaborative*. Retrieved March 13, 2022. <https://edpolicyinca.org/initiatives/lcff-research-collaborative>

41 Policy Analysis for California Education. (n.d.-a). *Continuous school improvement & support*. Retrieved March 13, 2022. <https://edpolicyinca.org/topics/continuous-school-improvement-support>

42 UChicago Consortium on School Research. (n.d.). *A first look at the 5Essentials in Illinois schools*. The University of Chicago. Retrieved March 13, 2022. <https://consortium.uchicago.edu/publications/first-look-5essentials-illinois-schools>

43 Linked Learning Alliance. (2022). *About the linked learning approach*. <https://www.linkedlearning.org/about/linked-learning-approach>



Table 1. Leadership and Decision-Making Principles That Facilitate Best Practice for Collaboration and Relationship Building

Leadership and Decision-Making Principles	Examples of Implementation Best Practice
Trusting relationships that strengthen partnership and collaboration	<ul style="list-style-type: none">• Families as valuable partners in student learning• Antiracist and culturally and linguistically sustaining environments and curricula• Peer-to-peer and social models of instructional pedagogy• Behavioral management and discipline norms that prioritize and promote mediation and restorative justice practices• Safe and inclusive classrooms and positive school climate
Dedicated investment in comprehensive coordination and coherence	<ul style="list-style-type: none">• Community school coordinator or manager who supports and strengthens interdisciplinary collaborative strategies• Protected time and space for teacher and staff collaboration• Coordination of services teams (CoST)• Collaborative partner meetings and data review
Inclusive leadership and shared decision-making	<ul style="list-style-type: none">• Student voice and choice as reflections of student agency and empowerment• Meaningful family and youth voices that inform programmatic priorities• Regular opportunities for teacher and staff engagement in decision-making
Data-informed decision-making, improvement, and accountability	<ul style="list-style-type: none">• Use of organizing protocols (e.g., MTSS) to understand students, identify and track student needs and interventions, and identify aggregate trends for improvement• Use of multiple data points, disaggregated by race, to guide conversations with district and community partners regarding, for example, clarifying needs, determining progress goals, measuring improvements, and determining areas for improvement and additional support



Leadership and Decision-Making Principles	Examples of Implementation Best Practice
Embedded practices and resources that support a learning organization	<ul style="list-style-type: none">• Embedded and cross-disciplinary professional development that deepens educator and partner skills• Staffing and support (e.g., interpreters and translators, data analysts, improvement coaches) to collect, manage, and facilitate the use of data as part of continuous improvement processes

Source. Courtesy of Hayin Kimner. Used with permission.

Funding Sources

There have been increasing opportunities to obtain dedicated funding to support the planning, implementation, and expansion of community school strategies. National competitive grants that support community school strategies have included the federal Full-Service Community Schools (FSCS) program grant and the Promise Neighborhoods program grants. The CCSP invested \$45 million in competitive grants in 2020/21 and an additional \$2.8 billion in 2021/22, with funds to be allocated until 2027/28.


Other state public dollars that have funded programmatic and coordination facets of a community school strategy are included in the following:

- After School Education and Safety Program (ASES) and the 21st Century Community Learning Centers (21st CCLC) and 21st Century High School After School Safety and Enrichment for Teens (ASSETs) programs,
- Mental Health Student Services Act (MHSSA),
- California’s Multi-Tiered System of Support (CA MTSS) framework implementation,
- [Community Engagement Initiative \(CEI\)](#) through the California System of Support, and
- Inclusive Early Education Expansion Program (IEEEP) and the Special Education Early Intervention Preschool Grant.

How to Launch (or Strengthen) This Initiative

Strong, sustainable community schools require a clear, shared purpose along with committed support and leadership at the school and district levels. As leaders examine how community school elements are part of their teaching and learning system, they should ask (a) *what* is needed to support powerful teaching and learning, (b) *who* is needed to actualize a responsive and effective community school strategy to support student success, and (c) *how* will system and organizational structures be reorganized to create a strong foundation for community school implementation?

Districts interested in a community schools approach need to examine and reform the existing underlying classroom, school, and district behaviors and systems that get in the way of student-centered collaboration, partnership, and teaching. Instead of seeing community school implementation as a new programmatic initiative that



competes for resources and attention, district and school leaders should first examine and assess their existing priorities, efforts, dedicated resources, and data to understand how they might pursue intentional alignment and coherence across current teaching and learning relationships, programs, and initiatives.

Such a mapping of needs and assets is not unique to community schools planning. In fact, most school reform efforts include some version of mapping to establish a baseline of inputs and outcomes and to identify needs and priorities. Rather than conduct a separate “community schools” needs and asset activity, LEA leaders should ensure that existing mapping efforts are reflective of an integrated and equitable process that models the leadership and decision-making principles that are central to community school implementation. No matter what mapping focus your district chooses, the voices, perspectives, and priorities of students, families, teachers, staff, and community or public agency partners must be meaningfully engaged and visible throughout the process.

Considerations for Sustainability

In line with a narrow programmatic and services understanding of a community school approach to whole child school transformation, sustainability discussions are often dominated by finding funding and resource strategies that LEAs can leverage and procure to sustain program implementation (e.g., mental and behavioral health supports, expanded learning).

Although it is important to ensure that programs and staff are supported by long-term funding sources, fiscal sustainability should not and cannot rest solely on general operating budgets, time-limited grants for LEAs, or programmatic silos. Braiding and blending funding across programs and agencies that serve children, youth, and families is an important strategy in maintaining programmatic stability, but it also reinforces the importance of community school operating norms around collaboration, coordination, inclusive leadership, and shared decision-making.

Grant funds or other one-time fiscal investments—such as those made available in the California 2021/22 budget—should be seen as significant investments in the infrastructure and capacity of community school operations and functions. Although LEA fiscal logic cautions against using one-time funds to hire staff, it is important to recognize that staffing and other resource procurement for community schools must go beyond a siloed approach to program delivery within the direct locus of control of the LEA. Instead, LEAs might consider how such resource investments might seed or strengthen staffing strategies that include community partners or other service agencies and might evolve into a more diverse resource pipeline.

Related Resources

- [Community Schools: A COVID-19 Recovery Strategy](#)
- [Community Schools Implementation Standards](#)
- [Enabling Conditions and Capacities for Continuous Improvement: A Framework for Measuring and Supporting Progress Towards the Goals of the Statewide System of Support](#)
- [Healing-Centered Community School Strategies: A Key Investment for COVID-19 Recovery](#)
- [Unconditional Education: Supporting Schools to Serve All Students](#)
- [Twenty Years, Ten Lessons: Community Schools As an Equitable School Improvement Strategy](#)
- [UCLA Center for Community Schooling](#)
- [Design Principles for Schools: Putting the Science of Learning and Development into Action](#)

Early Childhood Initiatives

Early childhood is the most critical time to foster physical, cognitive, and emotional development in all children. Research shows that early and frequent exposure to the voice and language of caring adults, access to books and toys, and positive interactions with caregivers nurture positive relationships, create neural pathways, and establish the basis for trusting relationships that create a foundation for future success.⁴⁴ Understanding and accommodating children’s unique developmental, social-emotional, and learning needs as early as possible provides a powerful opportunity to make small adjustments that will lead to significant changes in their long-term trajectory. Within the first 3 years of a child’s life, children and their parents should have access to caregivers, developmental screening, and early intervention support in order to ensure the child’s needs are known and attended to. Many parents of children from birth through age 3 have limited options for child care, and many lack options that take a comprehensive approach to children’s health and developmental needs.⁴⁵

A substantial body of research exists that supports the long-term learning benefits of preschool, especially for children experiencing poverty and other risk factors.⁴⁶ Furthermore, for children with mental health conditions and backgrounds of trauma, early prevention and treatment provide greater long-term benefits, and are more cost-efficient, than attempting to treat emotional difficulties and their effects on learning later on.⁴⁷

California’s main publicly-funded preschool program is the California State Preschool Program (CSPP) which serves eligible 3- and 4-year-old children. Children are eligible if their families are cash aid recipients, are income eligible, or are experiencing homelessness or if the children are recipients of child protective service or are identified as at risk of being abused, neglected, or exploited.⁴⁸ However, CSPP preschools currently lack capacity to serve all eligible children.⁴⁹

Nearly a decade ago, California took a first step toward universal preschool (UPK) through the enactment of TK. TK ensures that one quarter of the state’s 4-year-olds have the opportunity to participate in a universally available pre-kindergarten program taught by a credentialed teacher, and it offers a bridge to kindergarten that combines developmental needs and academic learning. Early research by the American Institutes for Research (AIR) about the efficacy of California’s TK found that TK students outperformed their peers—even those with other preschool experiences—in early math, preliteracy, and executive functioning skills.⁵⁰

44 Bornstein, M. H. (2012). Caregiver responsiveness and child development and learning: From theory to research to practice. In P. L. Mangione (Ed.), *Infant/toddler caregiving: A guide to cognitive development and learning* (2nd ed., pp 11–25). California Department of Education. <https://www.cde.ca.gov/sp/cd/re/documents/pitcguidecogdev2012.pdf#page=26>

45 Alcalá et al. (2020). [https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20\(English\).pdf](https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20(English).pdf)


46 Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., Baker-Henningham, H., Chang, S. M., Hamadani, J. D., Lozoff, B., Meeks Gardner, J. M., Powell, C. A., Rahman, A., & Richter, L. (2011). Inequality in early childhood: Risk and protective factors for early child development. *The Lancet*, 378(9799), 1325–1338. [https://doi.org/10.1016/S0140-6736\(11\)60555-2](https://doi.org/10.1016/S0140-6736(11)60555-2)

47 Carneiro, A., Dias, P., & Soares, I. (2016). Risk factors for internalizing and externalizing problems in the preschool years: Systematic literature review based on the child behavior checklist 1½–5. *Journal of Child and Family Studies*, 25(10), 2941–2953. <https://doi.org/10.1007/s10826-016-0456-z>

48 CDE. (2021a). *California Department of Education program requirements for California State Preschool Program (CSPP): Fiscal year 2021–22*. <https://www.cde.ca.gov/fg/aa/cd/documents/cspp2122.docx>

49 Alcalá et al. (2020). [https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20\(English\).pdf](https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20(English).pdf)

50 Manship, K., Holod, A., Quick, H., Ogut, B., Brodziak de los Reyes, I., Anthony, J., Jacobson Chernoff, J., Hauser, A., Martin, A., Keuter, S., Vontsolos, E., Rein, E., & Anderson, E. (2017). *The impact of transitional kindergarten on California students: Final report from the study of California’s transitional kindergarten program*. American Institutes for Research. <https://files.eric.ed.gov/fulltext/ED609085.pdf>



By combining TK with mixed-delivery care options to support extended care and learning support, the benefits of TK and community-based child care can be combined to provide an option for all families that require extended day child care to access this UPK program. In accordance with California’s Master Plan for Early Learning and Care (MPELC), the state will expand its TK program to all 4-year-olds and will phase in 3-year-old enrollment over the next 3 years.⁵¹ In California, the most critical programmatic linkages to support planning, build teacher capacity, and strengthen the infrastructure needed to expand UPK are between the CDE and the California Commission on Teacher Credentialing (CTC).

Some of the key initiatives to expand access to early learning are California’s include the following:

UPK expansion. California’s 2021/22 budget includes a suite of investments for preschool-age children. The budget achieves these goals through significant investments in the CSPP, universal access to TK, strengthening the workforce capacity and pipeline, and early intervention. The budget includes \$130 million in investments for the expansion of the CSPP at LEAs and for additional access to and increases in reimbursement rates for the CSPP.

California UPK Planning and Implementation Grants. The budget also establishes the California UPK Planning and Implementation Grants to expand access to UPK programs at LEAs, such as universally-available TK, CSPP, and Head Start for eligible students, and to expand other local and community-based partnerships. CDE will administer this \$200 million grant program to LEAs through a request for applications.

UPK Planning Template. To support LEAs through the UPK planning process, the CDE has developed a UPK Planning Template (see Related Resources at the end of this section). This template assists LEAs in providing the CDE with UPK planning data and meeting the grant requirements. Grant recipients are required to develop a plan for how all children in the attendance area of the LEA will have access to full-day learning programs the year before kindergarten that meet the needs of parents, including through partnerships with the LEA’s expanded learning offerings, the After School Education and Safety Program, the California state preschool programs, Head Start programs, and other community-based learning and care programs. Additionally, CSPP may leverage this funding to provide expanded learning and extended care options to TK students.

Expanding the Teacher Workforce

The 2021/22 state budget appropriated \$100 million for the CDE to issue the Early Education Teacher Development Grant to support LEAs in increasing (a) the number of credentialed teachers that meet the TK teaching requirements and (b) the competencies of CSPP, TK, and kindergarten teachers. This grant provides an opportunity for LEAs to provide training and build the capacity of teachers to better support dual language learners and children with disabilities. CDE will be accepting applications for this competitive grant in early 2022, although applicants were required to submit letters of intent by February 2022. This grant will support teachers’ ability to provide inclusive learning environments, deliver culturally and linguistically responsive instruction, enhance social-emotional learning, implement trauma-informed and restorative practices, and mitigate implicit biases in order to eliminate exclusionary discipline.

Additionally, \$50 million in one-time funding was appropriated to create statewide resources and provide targeted professional development on social-emotional learning and trauma-informed practice, including \$30 million to be appropriated as grants to LEAs for the purpose of funding schoolwide and districtwide implementation of services or practices aligned to the MTSS framework. The state budget also allocated \$350 million in the form of the Teacher Residency Grant Program to the CTC to support enhancement of the TK teacher pipeline and to address other shortage fields. The request for application for these grants was announced in early 2022.

51 Alcalá et al. (2020). [https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20\(English\).pdf](https://californiaforallkids.chhs.ca.gov/assets/pdfs/Master%20Plan%20for%20Early%20Learning%20and%20Care%20-%20Making%20California%20For%20All%20Kids%20(English).pdf)



Federal Preschool Development Grant

Another major investment in California's early learning and care system, established prior to the 2021/22 fiscal year, has been through the federal Preschool Development Grant Birth through Five (PDG B-5). The initial part of this grant, or the PDG B-5 Initial Grant Award, established a baseline needs assessment of the state's children aged birth through age 5. California will use additional funds for this grant, the PDG B-5 Renewal Grant, to further build the state's early learning infrastructure.

Specifically, the PDG B-5 Renewal Grant will support these essential goals:

- Build cross-system capacity and streamline governance at the state and local levels.
- Maximize parent and family knowledge, elevate parent voices, and strengthen parent connections to early learning and other supportive services.
- Develop a unified system for workforce professional development that employs consistent standards and offers aligned, stackable, competency-based, credit-bearing professional development.
- Increase the supply and quality of early learning opportunities by redesigning and aligning quality standards, professional development systems, and monitoring processes.

Early Intervention

A key focus of the 2021/22 budget includes a number of investments to increase access to early intervention for children with exceptional needs. For example, to ensure preschool children receive appropriate interventions and services as needed before they can fall behind academically, the budget includes \$167 million in one-time funding through the Inclusive Early Education Expansion Program (IEEEP) to LEAs that serve children through age 5 with exceptional needs in low-income and high-need communities. Early intervention services and supports provided to children who are at risk of falling significantly behind, including children with disabilities, can reduce the need for additional services in future years.

Additionally, \$260 million was included in the budget as ongoing funding for LEAs to provide early interventions, including preschool and supportive services for children from birth through age 5 who are not meeting age-appropriate developmental milestones and are at risk for being identified as eligible for special education and related services. These early intervention services include strategies to improve student outcomes as identified through the state system of support, wraparound services for preschool children with exceptional needs, expansion of inclusive practices to ensure that preschool children with exceptional needs have access to learn in the least restrictive environment, and professional development for preschool teachers, administrators, and paraprofessionals on evidence-based strategies to build capacity to serve preschool children with exceptional needs in more inclusive settings.

Connections to Other Initiatives

Early education, including preschool and TK, may be the first introduction families and children have to programs and services beyond early education. Early learning programs will benefit from a streamlined infrastructure through the Children and Youth Behavioral Health Initiative to increase access to behavioral health services. This initiative is also closely linked to the ACEs Aware Initiative and provides substantial support for ACEs awareness campaigns and ACEs screenings. Preschool, TK, and expanded learning settings are optimal for providing ACEs screenings to children and youth and for offering provider training.

UPK expansion can benefit from expanded learning programs that offer enrichment and recreation, provide a full-day program, and provide greater access to mental and behavioral health services on campus for K-12 students.



Children and Youth System of Care’s interagency leadership team includes representation from the COE, which could provide information about early learning expansion to ensure planning and coordination of programs and services for children and families in early learning settings.

Partnerships between LEAs, COEs, and First 5 California partners can create opportunities to leverage community school program resources to help schools integrate health and mental health services, trauma-informed care, and education and social services in order to support students and families. This structure could help create a system of care coordination for families and children, beginning at birth through early adulthood, that brings together all of these initiatives.

Funding Sources

California’s 2021/22 state budget authorized significant one-time investments to support LEAs in planning and implementing their preschool and TK expansions. These funding opportunities should be viewed holistically as LEAs develop multiyear implementation strategies to expand access to early learning and strengthen the workforce pipeline. One-time funding opportunities include

- \$490 million one-time General Fund increase to expand the use of the Preschool, Transitional Kindergarten, and Full-Day Kindergarten Facilities Grant Program to include TK and CSPP;
- \$300 million one-time Proposition 98 funding to implement the California UPK Planning and Implementation Grants in order to expand access to TK and LEA-based CSPP programs (\$200 million available for encumbrance by June 30, 2024);
- \$130 million one-time Proposition 98 funding to increase access to LEA-based CSPP programs and to provide wraparound care to children enrolled in TK;
- \$100 million one-time Proposition 98 funding for the Early Education Teacher Development Grant to increase the number of credentialed TK teachers and to increase the competencies of CSPP, TK, and kindergarten teachers;
- \$50 million one-time Proposition 98 funding to create statewide resources and provide targeted professional development on social-emotional learning and trauma-informed practices;
- \$753.1 million one-time funds for expanded learning opportunities (\$1 billion ongoing Proposition 98 funds);
- \$1.5 billion one-time Proposition 98 funds for the Educator Effectiveness Block Grant, available over 5 years, to provide professional development for teachers, administrators, and other in-person staff who work with students;
- \$260 million ongoing Proposition 98 funds to support early intervention services for preschool students and to provide early education services and supports for special education students aged birth through age 5;
- \$10 million one-time Proposition 98 funding for the Dual Language Immersion Grant program to expand access to quality dual language learning; and
- \$167 million in one-time Proposition 98 unrestricted funding for the Inclusive Early Education Expansion Grant Program for preK children through age 5 to ensure preschool children receive appropriate interventions.

Considerations for Sustainability

To ensure sustainability, it is imperative that LEAs leverage integrated planning and implementation grant funding to identify opportunities to align compensation across CSPP and TK educators. The programmatic opportunities described earlier in this section speak explicitly to expanding universal access to TK and strengthening the workforce pipeline, but they don't directly address the need to align compensation between CSPP and TK educators—a necessary step for early educator retention. LEAs have a unique opportunity to use the influx of one-time funding to address compensation inequities through their implementation plan development. LEAs can also leverage full-day preschool and TK options by partnering with expanded learning programs for both enrichment and wellness.

To support family choice, LEAs should also consider establishing partnerships and engaging in planning activities with private-pay providers, state and federally funded providers, and family child care providers. Useful partners for identifying community-based child care providers to engage in the planning process include local entities such as local planning councils, resource and referral agencies, and other community-based organizations. This approach would support implementation of a full mixed-delivery system in alignment with the MPELC recommendations and would maintain equity in parental choice.

Related Resources

- [Universal prekindergarten FAQs](#)
- [UPK Planning Template](#) (MS Word download)
- [California Classified School Employee Teacher Credentialing Program](#)
- [Golden State Teacher Grant Program](#)
- [Master Plan for Early Learning and Care](#)

Expanded Learning


Expanded learning refers to before- and after-school, summer, and intersession learning experiences that develop the academic, social, emotional, and physical needs and interests of students. Expanded learning opportunities should be hands-on, engaging, student-centered, and results-driven; involve community partners; and complement learning activities in the regular school day and year.

A growing evidence base highlights that expanded learning is associated with positive outcomes related to academic achievement, school connectedness, school attendance, self-efficacy, and positive social behavior.⁵² Children and youth who participate in expanded learning programs experience higher levels of protective factors (i.e., caring relationships, high expectations, and opportunities for meaningful participation that support positive cognitive, social, and emotional development) than do nonparticipants.⁵³ Furthermore, expanded learning programs provide safe, healthy, and engaging learning environments during the peak hours of crime that involves children.⁵⁴

52 Peterson, T. K., & Vandell, D. L. (2021). *The evidence base for summer enrichment and comprehensive afterschool opportunities*. Collaborative Communications. <https://spark.adobe.com/page/synw23DwBdPms/>

53 Austin, G., Wendt, S., & Klinicka, L. (2021). *Promoting protective factors in California's afterschool programs*. WestEd. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/promoting_protective_factors_in_californias_afterschool_programs_june_20212.pdf?1622837569

54 Council for a Strong America. (2019). *From risk to opportunity: Afterschool programs keep kids safe*. <https://www.strongnation.org/articles/930-from-risk-to-opportunity-afterschool-programs-keep-kids-safe>



California has a set of 12 Quality Standards for Expanded Learning.⁵⁵ Six of these standards describe the program goals and outcomes, and six describe the programmatic processes. The standards that describe the goals and outcomes of expanded learning program are

1. safe and supportive environment,
2. active and engaged learning,
3. skill building,
4. youth voice and leadership,
5. healthy choices and behaviors, and
6. diversity, access, and equity.

The Quality Standards describe learning settings and experiences consistent with the science of learning and development, including the evidence on what promotes healthy youth development.⁵⁶ Such learning settings and experiences are associated with academic success and educational attainment; civic and community engagement; physical, social, and emotional well-being; and workforce and career readiness.⁵⁷

California's expanded learning workforce is sizable and diverse and is growing rapidly to support the state's new Expanded Learning Opportunity Grants and the Expanded Learning Opportunities Program. There are a variety of positions, from direct service to program administration, that are required for the successful implementation of expanded learning programs. A collaboration among members of the System of Support for Expanded Learning (SSEL), referred to as Technical Assistance for Program Effectiveness (TAPE) Project, created *California Core Competencies for Before and/or After School Professionals*.⁵⁸ These competencies describe the skills and competencies needed for grant managers, program directors (who oversee multiple sites), site coordinators (who oversee a single site), and program staff who work directly with students in expanded learning programs.

Programs/Services, Staff, and Partners

Expanded learning programs take place before school, after school, during intersession, and during the summer. Program activities include, but are not limited to, social-emotional learning (SEL), academic enrichment, academic support and tutoring, enrichment and recreation, civic education, service learning, project-based learning, STEAM (science, technology, engineering, the arts, and math) learning, physical activity and sports, restorative practices, and family engagement. Expanded learning programs also include a healthy snack or meal for participants, including summer meals.


Expanded learning is meant to operate year round and should include summer learning opportunities given the deep body of research about the importance of summer learning to academic and developmental outcomes. Expanded learning programs are implemented by LEAs, community-based organizations, and local government agencies, and the programs are most effective when these entities work in partnership to leverage the resources

55 California Department of Education, After School Division, & California AfterSchool Network. (2014, September). *Quality Standards for Expanded Learning in California: Creating and implementing a shared vision of quality*. California Department of Education. <https://www.afterschoolnetwork.org/sites/main/files/file-attachments/quality-standards-for-expanded-learning-california-final.pdf>

56 American Institutes for Research. (2019). *The science of learning and development in afterschool systems and settings*. <https://www.air.org/sites/default/files/downloads/report/Science-of-learning-and-development-afterschool-settings-2019-rev.pdf>

57 Aspen Institute National Commission on Social, Emotional, & Academic Development. (n.d.). *From a nation at risk to a nation at hope: Recommendations from the National Commission on Social, Emotional, & Academic Development*. <http://nationathope.org/report-from-the-nation/>

58 Technical Assistance for Program Effectiveness Project. (2011). *California core competencies for before and/or after school professionals*. ASAPconnect. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/core_competencies.pdf?1634232029



and expertise of each entity. Technical assistance for expanded learning is provided through California’s SSEL, which includes 16 COEs and two statewide technical assistance partners, the California AfterSchool Network and ASAPconnect. (See Related Resources at the end of this section for more information.)

Connections to Other Initiatives

Broadly, the [Whole Child Health and Wellness Collaborative](#) developed a [Statement of Strategic Direction: Toward Equity-Driven Whole Child Health and Wellness](#)⁵⁹ to outline a variety of “shared equity strategies” that any community can consider as it develops multisector partnerships with expanded learning programs that align with other initiatives to support student medical, behavioral, and mental health. With an infrastructure of 4,500 sites that serve students in high-need communities statewide, California’s network of expanded learning programs is well positioned to help create these cross-sector partnerships and to provide families with expanded access to comprehensive services on campus.⁶⁰

Expanded learning connects to the Children and Youth Behavioral Health Initiative in that the vast majority of expanded learning programs take place on school campuses and, through a growing number of partnerships with health and mental health agencies, schools can offer mental and behavioral health services on campus. Expanded learning programs provide time and flexibility that can result in increased access to these supports for children, youth, and families.

LEAs should consider expanding support services in order to connect programs directly with counselors and social workers and to create navigation pathways or co-location of health and mental health services with the expanded learning program. LEAs should also ensure that expanded learning opportunities are included in students’ individual education plans so that these students receive the support they need during the expanded learning program.


Expanded learning also connects to the ACEs Aware Initiative in that the *Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health*,⁶¹ which outlines how ACEs can be buffered through caring and supportive relationships. The report recommends a cross-sector approach to providing such protective factors to prevent ACEs at all levels and to interrupt toxic stress responses. High-quality expanded learning programs provide safe and supportive environments rich with protective factors that support positive developmental outcomes. Expanded learning partnerships should be considered as part of any LEA or community effort to address ACEs.

Expanded learning programs can also serve as valuable collaborative partners for preschools, given expanded learning program staff expertise in SEL, developmentally and age-appropriate enrichment and recreation, physical activity, and family engagement. Expanded learning can improve services for children from birth through age 3 and their families by partnering with early childhood initiatives to provide full-day preschool programs. Full-day preschool programs offer numerous significant benefits over partial-day programs, including additional learning and development time for children, full-day child care for working parents, and the opportunity for LEAs to offer full-time employment for staff. Finally, just as the extended hours of expanded learning programs can provide greater access to mental and behavioral health services on campus for K–12 students, expanded learning partnerships with preschools can improve access to these services for preschoolers and their families. Similarly,

59 Whole Child Health and Wellness Collaborative. (2021). *Statement of strategic direction: Towards equity-driven whole child health and wellness*. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/while_chld_health_statement_of_strategic_direction_march_2021_final.pdf?1618332120

60 Whole Child Health and Wellness Collaborative. (2021). https://www.afterschoolnetwork.org/sites/main/files/file-attachments/while_chld_health_statement_of_strategic_direction_march_2021_final.pdf?1618332120

61 Bhushan et al. (2020). doi:10.48019/PEAM8812



services that can support youth who are experiencing homelessness or are in foster care can be provided during these extended hours, providing them with critical services to support their overall well-being and academic success.

Funding Sources

California has a long and proud history of investing in expanded learning programs. The California Department of Education (CDE) administers multiple expanded learning program grants that are supported through state and federal sources, including the following:

- [The After School Education and Safety \(ASES\) program](#), established by a state ballot proposition in 2002, provides \$650 million annually, funding expanded learning programs at over 4,200 elementary and middle schools in California. This program's renewable 3-year grants are available by application to eligible schools.
- [The 21st Century Community Learning Centers \(21st CCLC\)](#) serve all grade levels, all year long, including over 300 high schools through the High School After School Safety and Enrichment for Teens (ASSETs) program. Funding is available through 5-year competitive grants with opportunity to reapply. LEAs, municipalities, and community organizations are eligible to apply.
- [Expanded Learning Opportunities \(ELO\) Grants](#), established through the Assembly Bill (AB) 86 COVID-19 relief package, provide \$4.6 billion in expanded learning opportunities grants to LEAs to support expanded learning and other supplemental support strategies. These are one-time funds that are distributed by a formula to LEAs and that expire in September 2024.
- [The Expanded Learning Opportunities Program \(ELO-P\)](#), established through California's 2021/22 budget process, provides \$1.75 billion to LEAs for TK–6 expanded learning opportunities. These are ongoing funds, distributed by a formula to LEAs.

The state intends for these funding streams to be woven together through one comprehensive expanded learning program. In particular, the ELO-P funding has been designed with unprecedented and often unexpected levels of flexibility. This flexibility allows LEAs and their community partners to implement one comprehensive approach to supporting children and families through their expanded learning programming.


In addition, numerous other state and federal funding sources support expanded learning, including school-aged child care grants, local control funding formula funds, and California Community Schools Partnership Program funds. The Partnership for Children & Youth's [Quick Guide: Funding Sources for Expanded Learning Programs](#)⁶² offers more details on state and federal funding sources that can be used to support expanded learning programs (see Related Resources at the end of this section).

It is also important to note that all of California's expanded learning funds either require or strongly encourage community partnerships given the strong value of bringing together a range of community assets in order to improve the student experience.

How to Launch (or Strengthen) This Initiative

To maximize the effectiveness of expanded learning programs, LEAs must break down barriers to coordinating and planning with community partners who have experience delivering high-quality enrichment and engaging

62 California Afterschool Advocacy Alliance. (2021). *Quick guide: Funding sources for expanded learning programs*. Partnership for Children & Youth. <https://www.partnerforchildren.org/resources/fundingsources2021>



students and families. The flexibility in expanded learning funding should help LEAs in forging these collaborative partnerships. Some key tips for successful implementation are as follows:

Ground your efforts in a shared, clear, and aspirational vision. There are no one-size-fits-all expanded learning programs. Some communities have an existing expanded learning infrastructure to build on, and some do not. What is important is that LEAs join forces with partners early in the planning stage to develop a shared, clear, and aspirational vision. This process should align programs with family, student, and LEA priorities—determining which students and families will be prioritized, how to most effectively engage them, and details on program elements, including schedules and calendars.⁶³ The *Quality Standards for Expanded Learning in California*⁶⁴ can serve as a guiding document.

Develop a strong infrastructure to support the expanded learning workforce. For new and existing expanded learning programs, recruiting and onboarding capable staff is a critical challenge. LEAs should invest in strategies to attract staff to positions that support students, such as offering competitive wages and benefits, recruitment and retention bonuses, full-time work, and pathways to teaching and other education careers. Creative staffing models can help meet immediate needs and build infrastructure that make longer-term whole child goals possible. Some examples include

- creating positions that oversee and coordinate partnerships across the district and community;
- employing older youth as support staff and tutors to younger students, thereby connecting these older youth to a career pathway,⁶⁵ and
- creating coaching positions to support expanded learning staff in learning and implementing instructional methods that are aligned with the school day and appropriate for expanded learning.

Include expanded learning staff in professional development and trainings related to SEL, trauma-informed and restorative practices, youth engagement, and culturally relevant programming. Building expanded learning staff's capacity and creating pathways for them to become teachers—which can be supported by professional development and teacher recruitment funding streams—can have the additional advantage of helping LEAs address ongoing TK–12 teacher shortages.⁶⁶

Commit to and engage in continuous quality improvement. Diverse partners and collaborators should regularly assess progress toward goals and adapt plans as needed to address new circumstances, contexts, and lessons learned. Engaging in a data-driven continuous quality improvement (CQI) process is required for all of California's state- and federally-funded expanded learning programs.⁶⁷

Leverage expanded learning as a vehicle for a variety of collaborative partnerships to engage and support children, youth, and families. Expanded learning programs serve California's most vulnerable students and families with developmentally rich settings that promote physical, social, and emotional health while also


63 Perry, M., & Gunderson, J. (2014). *Time well spent: School district strategies that help students get the most from expanded learning time*. Partnership for Children & Youth. <https://www.partnerforchildren.org/resources/2017/11/2/time-well-spent>

64 CDE et al. (2014, September). <https://www.afterschoolnetwork.org/sites/main/files/file-attachments/quality-standards-for-expanded-learning-california-final.pdf>

65 Partnership for Children & Youth & Linked Learning Alliance. (2021). *A summer like no other: Accelerating learning for high school students*. <https://www.partnerforchildren.org/resources/2021/6/8/a-summer-like-no-other-accelerating-learning-for-high-school-students>

66 Learning Policy Institute. (2021). *Supporting the educator pipeline: How states and districts can use federal recovery funds strategically*. <https://learningpolicyinstitute.org/product/federal-funds-edprep-factsheet>; California Afterschool Network. (2021). *Paving the way: Developing pathways for expanded learning educators into teaching*. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/can_exl_teacher_pathways_-_final_report_1_0.pdf?1634937416

67 CDE. (n.d.). *Quality Standards and CQI*. <https://www.cde.ca.gov/ls/ex/qualstandcqi.asp>



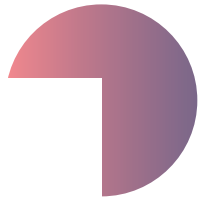
providing a vehicle to address food security through snack and meal programs. Expanded learning programs, especially those operated in partnership with CBOs, are well positioned to collaborate with other programs and organizations in order increase access to health, mental health, and other support services. Any effort to increase navigation to support services or to plan or implement community schools or trauma-informed schools, increase SEL, and strengthen family and community engagement should be done in partnership with an expanded learning program and its community-based partners. It is important to ensure that partners are at the table early in planning, design, and implementation discussions.

Access the System of Support for Expanded Learning. SSEL consists of 16 COEs and two statewide intermediary organizations, the California AfterSchool Network, and ASAPconnect. The system exists to provide statewide and regional technical assistance to California’s expanded learning programs. The organizations that make up the system provide statewide and regional support in the form of coaching, training, resource brokering, mentoring, and facilitation.

Considerations for Sustainability

Sustainability of expanded learning programs and services is most successful when the right foundation and infrastructure are built to make after-school and summer learning a core part of the educational experience of all children. This requires a strong commitment from leadership to embed full-day, full-year learning opportunities into an LEA’s short- and long-term vision and planning. Key factors in sustainability include

- designating dedicated positions (e.g., a district or county expanded learning coordinator) to oversee and coordinate across divisions;
- understanding the funding landscape and strategically planning around one-time versus ongoing funding sources;
- implementing sliding-scale family fees, which have been used effectively to obtain additional resources and family buy-in for programs;
- formalizing clear agreements with program providers that involve partners in planning and assessment (so partners are treated as more than just vendors);
- weaving in systems of continuous learning, using quality standards and assessment tools as a guide, and making ongoing professional learning available to staff at all levels; and
- documenting successes and stories from student and family experiences to ensure interested parties understand the value of the programs from the user point of view.



Related Resources

- [Quick Guide: Funding Sources for Expanded Learning Programs](#)
- [Quality Standards for Expanded Learning in California](#)
- [Statewide System of Support for Expanded Learning](#)
- [California AfterSchool Network](#)
- [ASAPconnect](#)
- [Convening presentations and resources offered by California AfterSchool Network and partners regarding ELO grants](#)
- [Evaluation Brief: The Key to Bringing Social-Emotional Learning to Life](#) (scroll to bottom of page for additional resources)
- [Partnership for Children and Youth summer learning resources](#)
- [CDE compilation of expanded learning programs](#)
- [Virtual Fireside Chats with Michael Funk, division director for the CDE Expanded Learning Division](#)

Chapter 3

Sustainable Funding for Coordinated and Coherent Service Delivery by Child-Serving Agencies

For some time, the idea of sustainable funding has been sought as the holy grail of program viability. After all, sustainable funding offers the notion of both safety and longevity. Achieving sustainable funding requires constant review of the evolving priorities of programs, fostering interagency partnerships, and developing a variety of financing strategies to fund development despite external disruptions such as unpredictable political shifts or economic turmoil.⁶⁸ It is important to understand that sustainable funding is *not* about the illusion of perpetuating current programs and services at current funding and staffing levels as external conditions change over time.

Still, achieving sustainable funding for any child-serving program or service has proved elusive, particularly for the innovative and forward-leaning programs discussed in this guide. This chapter offers a way of thinking about sustainable funding that goes beyond just the money, identifying multiple pathways that could be taken to achieve greater program sustainability.


Furthermore, this chapter aims to provide LEA leaders with a roadmap to begin understanding the landscape of available resources for initiating or building integrated, school-based systems of care. In particular, this variety of funding resources serves as an opportunity to initiate a conversation about how LEAs can partner with other local government and nongovernmental agencies to enter a discussion about what is necessary for students.

Sustainable Funding as a Planning Component From the Start, Not a Goal for the Future

Achieving sustainable funding is often articulated as a key goal of new programs. After all, sustainable funding has been identified as a key component for fostering and sustaining child-serving interventions across the health, education, and social service sectors.⁶⁹ However, it is critical to address sustainability in the initial plan for a program rather than leaving it as a hope and a goal that will be addressed in the future.

68 WestEd. (2022, forthcoming.) *Sustainable funding*.

69 State Superintendent of Public Instruction Tom Torlakson's Environmental Literacy Task Force. (2015). *A blueprint for environmental literacy: Educating every California student in, about, and for the environment*. Californians Dedicated to Education Foundation. <https://www.cde.ca.gov/pd/ca/sc/documents/envronliteracyblueprint.pdf>; Herlitz, L., MacIntyre, H., Osborn, T., & Bonell, C. (2020). The sustainability of public health interventions in schools: A systematic review. *Implementation Science*, 15(4). <https://doi.org/10.1186/s13012-019-0961-8>; National Academies of Sciences, Engineering, and Medicine. (2018). *Transforming the financing of early care and education*. The National Academies Press. <https://doi.org/10.17226/24984>



A **local control and accountability plan (LCAP)** can serve as a powerful tool for LEAs to plan their goals, services, and strategies in order to deliver on a local community whole child agenda. Various organizations, such as the Association of California School Administrators (ACSA), Children Now, the Education Trust-West, and the California County Superintendents Education Services Association (CCSESA), offer resources to guide LEAs on how to use the LCAP as a strategic planning tool for implementing a whole child approach.

For example, a school district might establish one of its elementary schools as a community school. Additional one-time resources are invested in the school for a 3-year period and the presumption is that after 3 years, district and school leaders must “find a sustainable funding source.” The nature of the funds supporting the school infer another ongoing source of funds will have to be identified. But there are conditions that must first be met before sustainable funding can result, including these:

- **Vision and communicated priority:** A set of supportive decision-makers and actors in an organization must have a common, agreed-upon vision for a program or service and must have a platform to communicate its priority, thereby placing it in consideration alongside other assumed, ongoing investments. The local control and accountability plan (LCAP) is one tool that can help LEAs articulate this vision and the programs or services involved.
- **Broad coalition of internal and external vested actors:** Building from the vision and priority, a comprehensive and diverse set of both governmental (internal) and nongovernmental (external) entities need to invest in program implementation. To obtain this cross-agency buy-in, there must be evidence that the program holds the potential to advance opportunity, access, and outcomes for students. Importantly, maintaining an unshakable focus on students can help cut through other considerations that would otherwise dissuade agencies from participating.
- **Evidence of impact:** More difficult than the assumed, ongoing investments, the new program faces the challenge of having to “prove its worth” through the collection, analysis, reporting, and dissemination of evidence to show that it has a direct impact on the positive trajectory of children and students. These data enable supportive decision-makers and actors to build the case for future investment. It is also critical to ensure that youth, parents, and other community partners have leadership roles in identifying key indicators of success, as community-defined evidence for success can ensure programming is designed to be culturally responsive from the start.
- **Established, continuous improvement structures:** Often, new programs face a level of scrutiny substantially higher than that of assumed, ongoing investments. As such, supportive decision-makers and actors need to establish transparent methods of evaluating data, analyzing opportunities for improvement, and acting on those opportunities to improve the program.

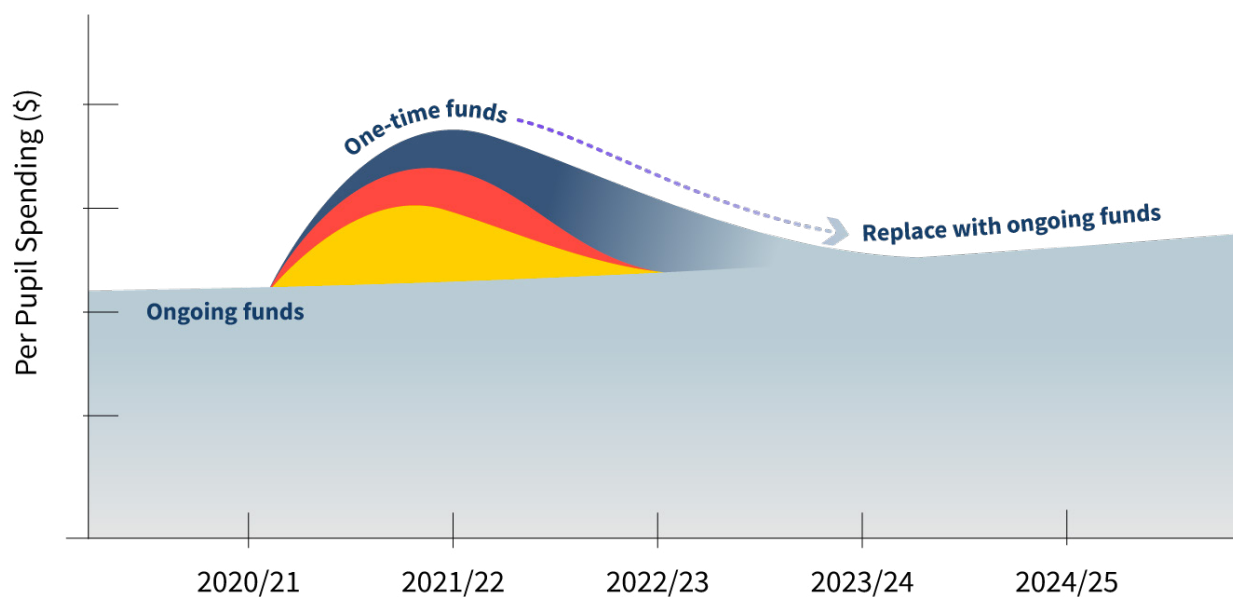
Pathways to Sustainable Funding: All Solutions Bring Potential Challenges

There are essentially four potential pathways for identifying and allocating available resources to support programs and services that were previously funded by one-time resources. Explicitly identifying these four options is important for helping leaders, partners, and other interested parties consider and weigh the options for continuing to fund novel and innovative programs.

Pathway 1: Increase Ongoing Revenue Beyond Prior Year's Ongoing Revenue

Perhaps the simplest of the four options, this pathway may encounter the least resistance from interested parties, as it does not require diverting funds from other existing investments. Nonetheless, it is likely that various interested groups (e.g., labor unions, community advocacy groups, parents) will have already identified other interests for which they would like to use these funds. There are several ways to achieve increases in ongoing revenue. In some cases, child-serving agencies will receive an increased allocation of funds through existing funding streams, such as through California's local control funding formula for public education. Another way to achieve increased, ongoing revenue is to establish a voter-approved tax dedicated to child-serving programs. Exhibit 3 illustrates this spending scenario, showing that as various one-time funds come to an end, they can be replaced with ongoing funds that increase gradually year over year.

Exhibit 3. Pathway 1 to Sustainable Funding: Increase Ongoing Revenue Beyond Prior Year's Ongoing Revenue



Source. WestEd

Pathway 2: Assuming Flat Revenue, Increase Nonfiscal Resources Through Outside Partnerships

For program sustainability, this strategy should be implemented in combination with other pathways. In this strategy, partnering agencies and organizations provide nonfiscal resources, most commonly staff or skilled volunteers to run programs at the school site. For example, a CBO might contribute after-school educators to run a school-based expanded learning program, and a social services agency might contribute a social worker to work a certain number of hours at the school site, with no charge to the school. In some cases, if partnerships have been secured before the program is launched, partners might provide these resources from the beginning of program implementation. In other cases, the LEA might use its own one-time funds to launch the program and then seek outside partners who can contribute the necessary staff to sustain the program long-term. Alternatively, if the LEA had been using ongoing funds to launch the program, then securing these resources from local partners can free up those ongoing funds to support students in other ways.

It is important to note that seeking and securing these partnerships requires an initial investment of time, so districts and schools benefit from hiring a dedicated staff person, such as a community schools coordinator, to secure these partnerships. One-time funds are often used to hire this new staff person, and then once the coordinator has expanded the LEA's available resources through new partnerships, these expanded resources can sustain the coordinator's salary. For example, studies have found that in many community schools, for every \$1 invested in establishing a community school and hiring a community school coordinator, the school received a return on investment of over \$7 in new resources.⁷⁰

Exhibit 4 illustrates this spending scenario, showing that a divided effort between a school district and other child-serving agencies or a COE does not result in the volume, streamlining, and effectiveness of services that a collaborative and shared effort between a school district and other organizations can provide.

Exhibit 4. Pathway 2 to Sustainable Funding: Assuming Flat Revenue, Increase Nonfiscal Resources Through Outside Partnerships



Source. WestEd

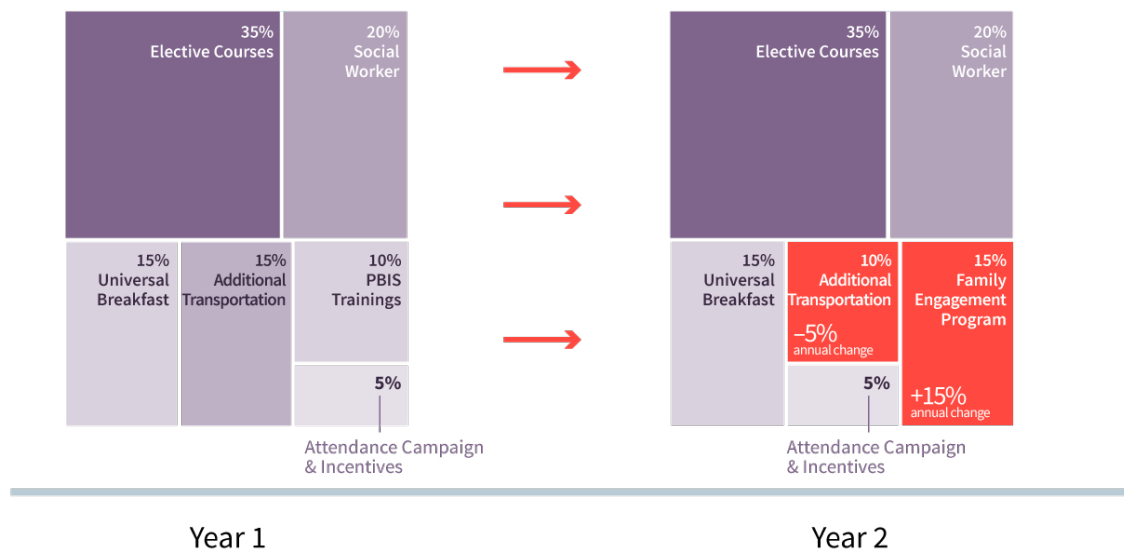
70 Bloodworth, M. R., & Horner, A. C. (2019). *Return on investment of a community school coordinator: A case study*. Apex. https://www.communityschools.org/wp-content/uploads/sites/2/2020/11/ROI_Coordinator.pdf; NYSUT Research & Educational Services. (2021). *Community schools in New York State* [Fact sheet, No. 21-16]. <https://www.nysut.org/~media/files/nysut/resources/2021/nysut-fact-sheet-community-schools-in-new-york-state.pdf?la=en>

Pathway 3: Assuming Flat Revenue, Divest One Set of Investments for Another

One of the most difficult behaviors to change in public child-serving agencies is to establish a process and culture that allows leaders to make the most effective decisions regarding resource use, even when this means trading off one set of programs for another. Through such a pathway, an agency would establish a method through which to reduce some of its existing planned expenditures, freeing up some of its existing, ongoing funds to support new, effective programs that had been launched by using one-time funds. This pathway typically involves multiple rounds of conversations by leaders, staff, and other interested parties and should include data on outcomes associated with both current and new programs.

Exhibit 5 illustrates an example of how an LEA might change some of the programs it invests in from one year to the next. This example focuses on an LEA’s strategy to improve student attendance. The strategy involves investing in several specific resources, including a social worker, elective courses to improve student engagement, one-time Positive Behavioral Interventions and Supports (PBIS) trainings for staff, and expanded transportation options. After the first year, the LEA considers the needs of the students and evaluates the impact each of these resources has had, and the LEA finds that most are having a positive impact on student attendance. The LEA decides to keep investing in most of them but to diversify the funding in order to continue growing programs that increase attendance. The LEA finds that not all of its expanded transportation options were used and that all of its schools have received universal PBIS training and are implementing Tier 1 with fidelity. Further, the feedback of partners and other interested parties suggests that building a family engagement program that focuses on attendance may also be a high-impact use of funds. As a result, during the second year the LEA decides to reduce its spending on transportation and Tier 1 PBIS trainings and to invest in a new family engagement program.

Exhibit 5. Pathway 3 to Sustainable Funding: Assuming Flat Revenue, Divest One Set of Investments for Another



Source. WestEd

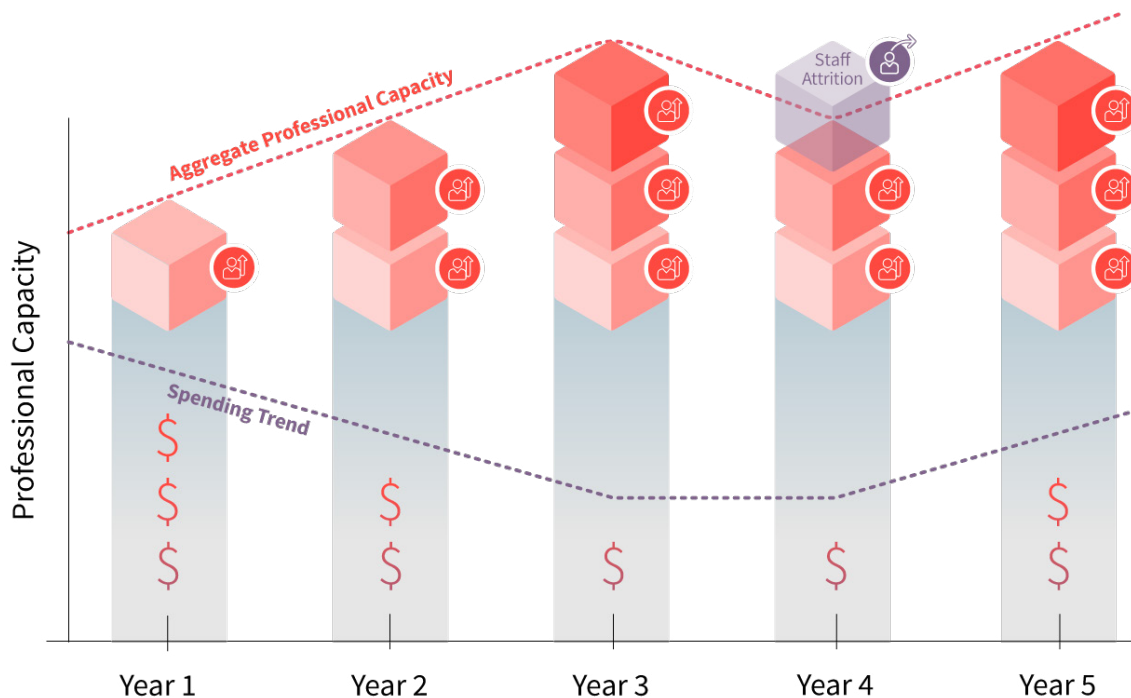
Pathway 4: Leverage Human Capacity As a New Resource

Thinking beyond money, this pathway suggests that the new program produces a new, less tangible resource: it builds the human capacity of professionals to perform their duties more effectively and efficiently. Child-serving agencies spend most of their resources on the salaries and benefits of the staff who perform their services. In that sense, people are an agency's main asset. Consequently, as long as the agency does not have issues with staff retention, then investing one-time funds in staff growth and capacity may help it sustain this resource through enhanced human capacity.

For example, a school might use one-time funds to train educators on SEL and trauma-informed practices. With guidance from school leadership, educators then integrate these practices into their everyday instruction and classroom routines and can continue learning from one another during collaborative meetings. Through building its staff capacity, the school has thus built a sustainable SEL program without the need for ongoing funds. Downsides of this pathway are that (a) it cannot be applied to all types of programs and services and (b) it is often more difficult to measure growth in staff capacity and the consequent benefits for students, so leaders and other interested parties may not be as convinced of its value. It is, however, an important pathway to consider, particularly given education systems' recognition of the need to invest in staff development and retention.


Exhibit 6 illustrates this spending scenario, showing that as professional capacity increases year over year, spending on staff growth and capacity-building can decrease.

Exhibit 6. Pathway 4 to Sustainable Funding: Leverage Human Capacity As a New Resource



Source: WestEd.

Understanding these various pathways for funding sustainability can help LEA leaders plan ahead for how they might sustain programs and services that were launched with shorter-term funding. However, even once the appropriate pathways are selected, they can take some time to implement. In the immediate future, large



quantities of one-time state and federal resources can be invested to build the infrastructure for the programs and services and to collect initial data on their value. The technique of blending and braiding resources offers a practical tool for planning and expending these various resource streams in concert with one another.

Blending and Braiding Funds

The practice of blending and braiding funds has been common in various child-serving sectors for some time. However, when child-serving agencies collaborate and join their resources together to support integrated, school-based systems of care, the need for blending and braiding funds is even greater. Without blending and braiding funds, leaders risk (a) leaving available funds on the table if leaders do not realize they can be leveraged for existing programs, (b) duplicating existing programs and services in order to leverage available funds, and (c) falling short of the necessary resources needed to fund a program.

The practice of blending funds is defined as when “funds from two or more separate funding sources are combined to pay for a unified set of program services to eligible groups of students. Blending funds provides an opportunity to maximize resources by incorporating activities supported by various funding sources into a single program, which operates to simultaneously meet the needs of multiple student groups.”⁷¹

The practice of braiding funds is defined as when “funds from two or more funding sources are coordinated to support the total cost of services, but revenues are allocated and expenditures tracked by each particular funding source. Expenditures are tracked to ensure that each funding source is charged its fair share of program and administrative costs.”⁷²

The appropriateness of each technique relies largely on the restrictions placed on each funding stream. For example, more flexible funds can be blended whereas more restricted funds can be braided.

Considering Available Funding Sources for Integrated, School-Based Systems of Care

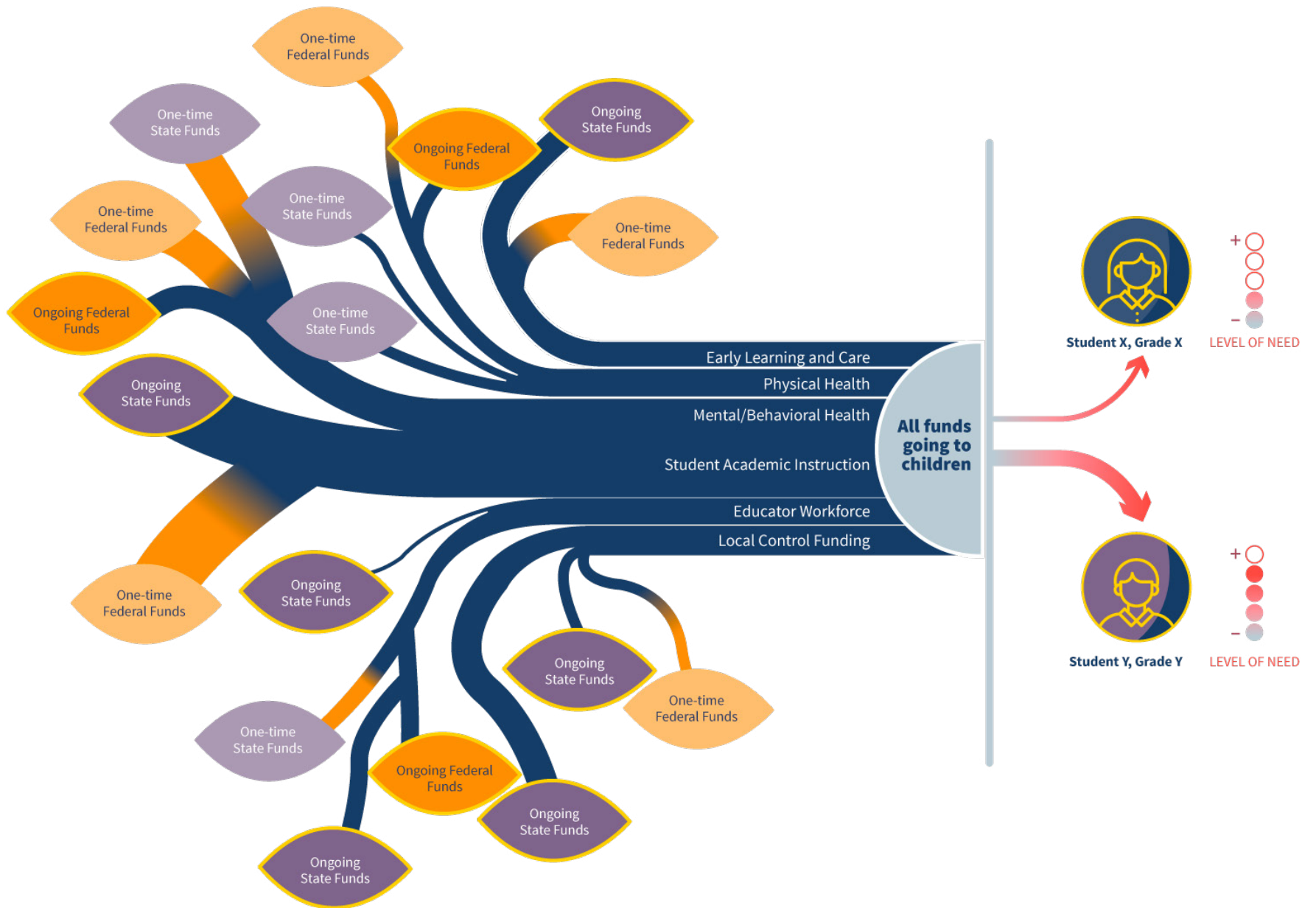
As described in Chapter 2, California has recently made tremendous investments to support integrated, school-based systems of care. Some of these funding sources, including new initiatives from California’s Budget Act of 2021, can support one-time planning and coordination efforts among LEAs, county agencies, and other organizations. Other ongoing funding sources support specific programs and services. Among these are several initiatives that enable LEAs and other providers to draw down Medi-Cal funds for eligible students.

Across 42 different federal and state funding streams available currently, just over half are one-time in nature and stretch over the next 3 to 5 years, leaving numerous ongoing funding streams to carry the capacity and programming built from the one-time funds beyond their sunset year. Appendix D provides details about these funding streams, and Exhibit 7 provides a visual of how the funds map to various whole child programs and services that LEAs and their partners are developing. Exhibit 7 shows that several components of an integrated, school-based system of care—including early learning; physical, mental, and behavioral health; academic instruction; and an educator workforce—can be funded with one-time and ongoing state and federal funds. These funds can be accessed as needed to accommodate each student’s level of need.


71 Willis, J., Krausen, K., Caparas, R., & Taylor, T. (2019). *Resource allocation strategies to support the Four Domains for Rapid School Improvement*. [The Center on School Turnaround at WestEd]. WestEd. <https://files.eric.ed.gov/fulltext/ED602981.pdf>

72 Willis et al. (2019). <https://files.eric.ed.gov/fulltext/ED602981.pdf>

Exhibit 7. Major Funding Sources to Support Integrated, School-Based Systems of Care and the Tiers of Services They Can Support



Source. WestEd.



Appendix D provides a table of brief descriptions of the one-time and ongoing sources that can launch and sustain initiatives involved in an integrated, school-based system of care. As noted in the table, only certain types of entities can claim these funding sources. Although this network of separate funds, controlled by different partners, does make the system more complicated, drawing upon such a variety of funding sources is essential for sustaining a comprehensive set of programs.

Where possible, the table includes links to webpages that provide more information about each funding source. Some of these funding sources do not yet have webpages. For example, the Budget Act of 2021 approved several specific new funding streams for the Children and Youth Behavioral Health Initiative, but as of the time of this guide's publication, details were not yet available about how LEAs and their partners will be able to access many of the forthcoming funds.

Related Resources

- [Practical Guide for Financing Social, Emotional, and Mental Health in Schools](#)

Chapter 4

Possible State Roles for Spurring a Quality Ecosystem for Integrated, School-Based Systems of Care

As noted in Chapter 1, although most of this guide is intended for LEA leaders, this final chapter is intended for a different audience. Namely, this chapter offers food for thought to state agency leaders and policymakers who can reduce barriers to local cross-sector collaboration through state-level action. This chapter does not include specific recommendations for changes to policy or regulations. Rather, it offers some context—and a way to think about state-level roles—in order to encourage a shift in how state institutions support local child-serving agencies.

Context: The Role of Government Within California’s Shift to Local Control


California’s sweeping education reform of 2013, the introduction of the local control funding formula, ushered in a new era of education financing, accountability, and planning that enabled a tremendous shift in the way local education leaders operate on a day-to-day basis, including in their use of funding.⁷³ Around the same time, the state implemented a major reform in curriculum and instruction driven by the Common Core State Standards.

Throughout both of these reforms, one of the dominant public narratives was that local communities would be able to retain their “local control” over funding, decision-making, and the direction of their education and related child-serving services. In his 2014 State of the State speech, Governor Brown offered his own definition of local control, connecting it to Catholicism’s notion of subsidiarity. Referencing the Oxford English Dictionary’s definition of *subsidiarity*, Brown noted that “central authority should have a subsidiary function, performing only those tasks which cannot be performed effectively at a more immediate or local level.”⁷⁴ In other words, Brown affirmed that the state’s role in education would be now secondary and peripheral compared with the role of local agencies, moving away from the state’s previous, top-down system of “prescriptive commands” and instead letting LEAs lead the way.

Brown’s declaration—and the subsequent reinforcement of the “local control” terminology—has affected the mindset with which state, regional, and local entities have evolved their relationships and now interact with one another. The state sets goals and provides guidance on a handful of priorities focused on specific child outcomes, but the California School Dashboard

73 Johnson, R. C., & Tanner, S. (2018). *Money and freedom: The impact of California’s school finance reform* [Research brief]. Learning Policy Institute. https://learningpolicyinstitute.org/sites/default/files/product-files/Money_Freedom_CA_School_Finance_Reform_BRIEF.pdf

74 Freedberg, L. (2014, January 22). Gov. Brown reemphasizes local control of state’s public schools. *EdSource*. <https://edsources.org/2014/gov-brown-reemphasizes-local-control-of-states-public-schools/56544>



and local discretion serve as the key drivers for LEAs to pursue better outcomes for students. The resulting image that comes to mind is one of letting a thousand flowers bloom: each of California’s LEAs has taken its own individual path, making it difficult to capture the collective progress or make any generalities about how education systems have shifted in California.

However, federal, state, and local agencies’ roles during the COVID-19 pandemic have offered a reminder that each level of government brings important assets and has a unique role to play in supporting others to serve the public good. Keeping in mind California’s commitment to local control, there is still room to consider the state’s subsidiary role in supporting California’s LEAs and other child-serving agencies.

Subsidiarity Requires an Active Role of Empowerment and Collaboration

Unpacking the notion of subsidiarity, we can see that its implementation has rarely matched the intent of the Governor’s original definition. Subsidiarity refers to a way of organizing and ordering groups to pursue common purposes and objectives. The etymology of the word includes notions of support, aid, and help in standing up. The term, then, refers to a particular manner of organizing communities to assist one another in the task of standing up and pursuing common goals.⁷⁵ Thus, subsidiarity involves more than stepping out of the way and allowing partners the freedom to do their work without obstruction; it involves an active role of collaborative support.

We can understand that the Governor’s intent was well articulated as a response to former state and federal policies that attempted to dictate the details of teaching and learning in each school across the state.⁷⁶ However, in our well-intentioned strides to push back against previous, restrictive state and federal policies, the California education sector fell short of implementing an important additional step. This additional, critical step is to more clearly understand, deepen, and articulate how different levels of the system can more effectively support one another to accomplish a singular, agreed-upon aim. Fulfilling the ideal of subsidiarity does not mean a release of full control to local communities. This brings us to the state’s current opportunity and challenge: to evolve state agencies’ working relationships with one another and with regional and local agencies to more actively support the success of local service delivery and the establishment of integrated, school-based systems of care.


Pulling the Right Levers: How State Institutions Can Spur an Ecosystem of Collaboration

Based on the Constitution of California and the California Code of Regulations, the state’s power to govern includes two primary levers: making laws (and associated rules and regulations) and financing initiatives that align to real and perceived public interests. As a result, when it comes to building integrated, school-based systems of care, the state institutions involved in the creation, passage, financing, and administration of such laws and initiatives are limited—but powerful—when combined with the capabilities and responsibilities of other levels of government.

Thinking about how state institutions can leverage the assets of their powers and position to advance support for local agencies’ efforts to collaboratively deliver comprehensive services for students, we present four roles that state institutions can lean further in to. These roles are the framer, cheerleader, disseminator, and scorekeeper.

75 Iber, S. (2004). *A study of the principle of subsidiarity in Catholic social thought: Implications for social justice and civil society in Nigeria* [Doctoral dissertation]. Duquesne University. <https://dsc.duq.edu/cgi/viewcontent.cgi?article=1692&context=etd>

76 Kerchner, C. T. (2014, March 24). Subsidiarity: California’s messy politics of local control. *Education Week*. <https://www.edweek.org/leadership/opinion-subsidiarity-californias-messy-politics-of-local-control/2014/03>; Fensterwald, J. (2017, December 3). Jerry Brown’s dilemma: Fix school funding formula now or watch others do it later. *EdSource*. <https://edsources.org/2017/jerry-browns-dilemma-fix-school-funding-formula-now-or-watch-others-do-it-later/591069>



Framer: State institutions such as the Legislature and the Governor’s Office can offer the platform and blueprint for the field to understand the primary principles, motivation, and goals of various California initiatives that aim to improve services and outcomes for children and families. These institutions can frame the initiatives by writing laws and leveraging resources thoughtfully to fund such activities.

Cheerleader: State institutions, including the CDE, CalHHS, and their sister agencies, play a crucial role in supporting local agencies to implement such initiatives with fidelity and quality. Although these state agencies are sometimes perceived as more focused on monitoring and accountability, they also have valuable platforms with which to communicate state priorities and empower local agencies to advance bold change management strategies. Given that local communities often perceive bold transformational change as involving some risk-taking, it is critical that local agencies view the state as supportive of such efforts.

Disseminator: Across any level in California government, state institutions may be the best positioned to help disseminate information that highlights best practices and designs of local communities’ successful efforts to establish integrated, school-based systems of care. Communicating about such efforts can also help economize state resources by helping local communities identify and connect with other, nearby regions or communities from whom they can learn or with whom they can potentially partner.

Scorekeeper: Through their data collection, measurement, and accountability systems, state administrative agencies can play a key role in establishing and raising up key indicators that help spur the work and continuous improvement of efforts across local communities, thereby helping keep the eye on the ball toward improving the outcomes of children and families in California. However, it is important to note that the term *scorekeeper* should not imply a competition among LEAs. Rather, as scorekeeper, the state helps each LEA monitor its own progress as it strives to continually improve its local system and, in turn, student outcomes.

Conclusion

California is in a unique position to provide students and families with a wide range of supports. LEAs are recognizing the opportunity and complexity of the tasks before them. To successfully utilize the resources described in this guide to their fullest potential, local practitioners must have the space, time, and resources to be able to come together to discuss and establish a shared set of goals for the children and students of their community. They then must follow up by implementing common strategies with fidelity in order to create a more coordinated delivery of services. This reality does not become possible without state actors—working across various agencies and departments—understanding, valuing, and changing how they synchronize the deployment of resources through grants, formula allocations, and disbursements to local communities. Importantly, it will be grant administration and guidance that will send some of the more powerful signals to local communities about how to engage with one another moving forward.

This guide offers one step in that direction by bringing attention to the intersectionality among various important and vital initiatives that have been funded by the state of California. Further, this guide gives notice to local practitioners that not only are there resources but also incentives to bring various child-serving agencies together in order to stride toward a common, improved outcome for children and students in their communities.

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Appendix A

Steps for Getting Started


The following list of implementation steps can guide LEA leaders in establishing an integrated, school-based system of care. This list offers more detail than the abbreviated list offered at the end of Chapter 2.

1. Conduct a needs assessment.

- a. Review existing data to identify the wellness and support needs of your students. Helpful resources include school climate surveys, the California Healthy Kids Survey, and any schoolwide screening data you collect (e.g., for trauma, vision, hearing, substance use).
- b. Consider your school's accountability data from the California School Dashboard and the district's LCAP. As you examine these data, consider questions such as these:
 - i. Where are students struggling?
 - ii. Are there specific student groups that are struggling in a particular area?
 - iii. What do the Dashboard and LCAP data tell the school site about the issues that the school hasn't been able to make progress on? For example, perhaps the school site has created a School Accountability Report Card (SARC) board and policies to address chronic absenteeism, but 9th grade students from immigrant communities continue to have high absenteeism rates.
- c. Engage students and families in focus groups and leadership opportunities to help you identify what supports are needed on school campus. For example, do students need behavioral health supports, mentorship and leadership opportunities, access to food, or transportation services?

2. Conduct an asset map.

- a. Identify the existing services that are available in the LEA. Initial questions to ask include these:
 - i. Who provides these existing services (e.g., LEA staff, a CBO partner, county mental health staff)?
 - ii. Are they provided only to a subset of students or to all students?
 - iii. Are they only Tier 1 services, or are Tier 2 and 3 services also provided?
 - iv. Are services provided on school sites, or must students access referrals for higher-tier services?
 - v. Are they limited to specific school sites, or are they available districtwide?


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- vi. How widely are the services used, and what can be done to increase use or promote the services?
 - vii. What frameworks and intervention strategies have school sites already adopted? For example, MTSS, PBIS, SEL, *RTI*²?
- b. Next, think about existing coordination across these services. Questions to ask include these:
- i. What communication channels and coordination currently exist among teachers, school staff, and external providers of services?
 - ii. How are the disparate services and programs connected in a whole system strategy?
 - iii. Is there a coordination of services team (COST), a school site-based team of staff and external partners that meet regularly to discuss how to address specific students' needs and triage services in an emergency?
 - iv. When students are referred for services, is there a feedback loop with staff to ensure that services were received?
 - v. Is there an approved referral protocol (either internally or externally) that teachers, staff, or parents can use when they identify a student who needs support?
- c. Finally, identify the services available in the greater community that could better support your students and families if the services were available on or connected to school sites.

3. Identify a leadership team.

- a. Identify and educate COE staff, district staff, school staff, students, teachers, CBO partners, and agency partners who have the potential to become champions for student wellness. Ideally, this team will include the district superintendent, district assistant superintendents, school principals, lead teachers, school counselors or psychologists, school nurses, the county mental health director, the county health director, regional MCO (managed care organization) leadership, and the various CBOs that contract with MCOs or county mental health agencies.
- b. Create a leadership team that includes decision-makers and champions of student wellness. The goal of this team is to support the rollout of an integrated, school-based system of care by creating staff, teacher, and student buy-in and ensuring that the initiative is integrated into (rather than competing with) existing frameworks and programs.
- c. Reach out to county mental health agencies and district or COE leaders (e.g., the assistant superintendent of professional development, student services, or instruction) to see if there are programs or trainings they can offer school staff on topics such as COST, MTSS, or creating community schools.
- d. Consider creating a student advisory group of student champions for wellness. These students can help inform roll-out of the initiative by sharing the issues they and their peers are experiencing and by helping to identify services, resources, and spaces that would facilitate wellness.

4. Identify long-term goals and steps for implementation.

- a. Based on the information collected in the asset map and needs assessment, create a plan to establish an integrated, school-based system of care within your school, district, or county. Start by identifying specific goals, based on student needs or school deficits, that you plan to address and what metrics you will use to measure progress toward these goals.

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- b. Work with your leadership team (and ideally your district or COE) to make decisions about staffing, facilities, frameworks, and services.
 - c. Work with district or COE leadership to create agreements regarding data sharing, privacy (i.e., HIPAA and FERPA), communication, liability, and roles. Execute agreements with external partners who will provide services or interact with students or staff (e.g., county mental health agencies, community-based providers).
 - d. Based on the plan and agreements, identify a checklist of items that must be completed before the integrated, school-based system of care can launch. This may include everything from creating job descriptions, to purchasing technology for a wellness center, to identifying the steps needed to renovate a facility to meet fire clearance requirements, to securing a national provider identifier (NPI) number for service providers who will claim Medi-Cal reimbursement.
 - e. Create a timeline for completing checklist items based on priority and planning needs. For instance, if hiring staff will take 6 months and you plan to hire a director to coordinate implementation of the initiative, creating a job description for that position may be the first item on the timeline.

5. Put into place conditions for sustainability.

Sustainability depends on the following conditions, so ensure that each of the following are part of your shared implementation plan:

- a. Agency/organization leaders' commitment to a shared vision and specific goals.
- b. Successfully accessing multiple ongoing funding streams.
- c. All agencies (and top staff within agencies) adopting a culture that prioritizes student wellness and shared accountability for the chosen specific goals.
- d. Leadership teams meeting regularly and monitoring progress toward goals.
- e. Establishing data sharing and communication loops that allow each agency or organization to monitor and report to state and federal agencies on the respective metrics and measures for which each is responsible.

6. Train and onboard.

- a. Create and implement a plan to build broad buy-in from teachers, staff, students, agencies, community members, and providers. Utilize the expertise of LEA and agency partners, and consider using existing trainings developed by other LEAs or partners if they are appropriate to the audience.
- b. Identify the trainings (e.g., referral policy, parent requests for student information, COST) that each subgroup of employees and partners need to receive and create a multiyear plan for providing training that takes advantage of existing in-service and professional development days.
- c. Determine whether the initiative will also include training or education for students, parents, and community members. For students, identify age-appropriate curriculum to be implemented at regular intervals. For parents and community members, identify modules that will help them identify concerning signs of student stress, how to talk to students about mental health, and how to connect students with free or reduced-cost mental health resources.

Appendix B

Contacts for Additional Guidance

The following interdisciplinary experts, who have participated in the authorship and design of this guide, are available to answer questions, offer referrals, and support you in program development.

Name	Organization	Email Address	Areas of Expertise
Sergio Aguilar-Gaxiola, MD, PhD	UC Davis Center for Reducing Health Disparities	aguilargaxiola@ucdavis.edu	School-linked and school-based behavioral health services; behavioral health workforce; enhanced Medi-Cal services; health and mental health equity
Lupita C. Alcalá	WestEd	lalcala@wested.org	System alignment; state policy leadership
Aressa Coley	WestEd	acoley@wested.org	Early childhood training and technical assistance
Jeff Davis	California AfterSchool Network	jdavis@afterschoolnetwork.org	Expanded learning; positive youth development; SEL
Lisa Eisenberg	California School-Based Health Alliance	leisenberg@schoolhealth-centers.org	School-based health centers; other school health and behavioral health services; financing sources and strategies (including Medi-Cal); collaboration with community-based organizations and health providers
Ken Epstein, PhD, LCSW	P.R.E.P for Change Consulting	kensfw1@gmail.com	Children, youth, and family system of care; health care; organizational transformation

Name	Organization	Email Address	Areas of Expertise
Elizabeth Estes, Esq	Breaking Barriers California Attorney: Atkinson, Andelson, Loya, Rudd & Romo	elizabeth@breakingbarriers.org	Legal issues surrounding school-based health services and interagency program development
Michael Funk	California Department of Education	MFunk@cde.ca.gov	Expanded learning; positive youth development; SEL
Melissa Jacobs, LCSW	Sacramento County Department of Health Services, Behavioral Health	jacobsme@saccounty.net	Community mental health services; Medi-Cal funding; children's systems of care
Lara Kain	PACEs Connection	lkain@pacesconnection.com	Trauma-informed schools implementation; PACEs science in education
Veronica Kelley, DSW, LCSW	Mental Health and Recovery Services, Orange County Health Care Agency	Vkelley@ochca.com	Public behavioral health system
Hayin Kimner	CA Community Schools Learning Exchange Policy Analysis for California Education Brookings Institution	hayin@cslx.org	Community schools
Richard S. Knecht, MS	Integrated Human Services Group	rknecht@solutions-mrg.com	System of care; children's mental health and child welfare services

Name	Organization	Email Address	Areas of Expertise
Mike Lombardo	Placer County Office of Education	mlombardo@placercoe.org	Integrated systems of care; school integrated mental health and school-based behavioral health; school-based health services; Medi-Cal funding sources
Patricia Lozano	Early Edge California	plozano@earlyedgecalifornia.org	Early childhood education; dual language learners
Aleah Rosario	Partnership for Children & Youth	aleah@partnerforchildren.org	Expanded learning programs (after school, summer, intersession)
Adrienne Shilton	California Alliance of Child and Family Services	ashilton@cacfs.org	Medi-Cal behavioral health; school-based behavioral health
Christine Stoner-Mertz	California Alliance of Child and Family Services	chris@cacfs.org	School-based mental health; family resource centers; special education; MediCal EPSDT programs and services; foster care; integrated funding strategies
Danielle Mole Gabri	California Alliance of Child and Family Services	dmole@cacfs.org	Special education services and financing
Chris Williams	Sacramento County Office of Education	cwilliams@scoe.net	Special education; state policy leadership
Jason Willis	WestEd	jwillis@wested.org	School-based health financing and resource design; integrated governance, data, and management structures; system redesign for integrated care in school settings
Kristin Wright	Sacramento County Office of Education	kwright@scoe.net	Special education; state policy leadership

Appendix C

Key Terms Related to California's Medicaid Claiming and Reimbursement Programs

Key terms related to California's Medicaid claiming and reimbursement programs are defined as follows:⁷⁷

Local Educational Agency Medi-Cal Billing Option Program (LEA BOP): The LEA BOP offers reimbursement for health assessment and treatment services for eligible students and eligible family members within the school environment. The LEA BOP reimburses LEAs the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medicaid-enrolled students.⁷⁸ To participate in the LEA BOP, LEAs must enroll through the California Department of Health Care Services (DHCS) as a Medicaid provider.

School-Based Medi-Cal Administrative Activities (SMAA) program: The SMAA program reimburses LEAs for the federal share (generally 50 percent) of certain costs for administering the Medicaid program.⁷⁹ Through the SMAA program, LEAs may obtain federal reimbursement for the costs of certain administrative activities that are necessary for the proper and efficient administration of school-based Medicaid. The SMAA program includes activities such as referring students and families to enroll in Medicaid and coordinating Medicaid services between agencies.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit: The federal EPSDT benefit requires states to provide a comprehensive array of prevention, diagnostic, and treatment services for children and youth under age 21 who are enrolled in Medicaid. In California, children and youth under age 21 who qualify for full-scope Medicaid qualify for the EPSDT benefit. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental, and specialty services, and the benefit is a required part of Medicaid.

Medi-Cal managed care: California's Medicaid program, Medi-Cal, contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. These provider networks are called managed care organizations (MCOs). Historically, Medi-Cal beneficiaries saw any provider who accepted Medi-Cal, and providers

77 California Department of Education, California Department of Health Care Services, California Health and Human Services Agency, & Medi-Cal for Students Workgroup. (2021). *Medi-Cal for Students Workgroup recommendations*. California Department of Education. <https://www.cde.ca.gov/sp/se/ac/documents/sb75medicalfinal.pdf>; Tatar, M., Paradise, J., & Garfield, R. (2016). *Medi-Cal managed care: An overview and key issues*. Kaiser Family Foundation. <https://www.kff.org/report-section/medi-cal-managed-care-an-overview-and-key-issues-issue-brief/>

78 DHCS. (2021). <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2021/21-07-ACEs-Aware-11-4-21.pdf>

79 DHCS. (2021). <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2021/21-07-ACEs-Aware-11-4-21.pdf>

would be reimbursed through a fee-for-service model (i.e., reimbursed for each individual visit or service). Although fee-for-service reimbursement still occurs, most Medi-Cal beneficiaries are now enrolled in Medi-Cal managed care plans (MCPs), health insurance plans for which the state pays a monthly premium. The MCPs are then accountable for providing all services covered by their insurance contracts.



Major Funding Sources to Support Integrated, School-Based Systems of Care

State-funded and federally funded programs that are one-time in excess of \$250 million are included unless they are directly related to integrated care systems. Regarding COVID-19 relief funding, the [CDE COVID-19 Relief Funding Summary Sheet](#) provides a more detailed summary of state and federal funding sources available to LEAs, including their amounts, timelines, and allowable uses.

Table D.1. State One-Time Resources

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/Source	Eligible Entities	Purpose and Use
<u>In-Person Instruction Grants</u>	One-time; must be spent by 9/30/24	\$2.0 billion	CA General Fund (AB 86, AB 130)	LEAs	Among other allowable uses, LEAs can use these funds to invest in social and mental health support services. Funds were apportioned in May and December 2021.
<u>Expanded Learning Opportunity (ELO) Grants</u>	One-time; must be spent by 9/30/24	\$4.6 billion	CA General Fund (AB 86, AB 130)	LEAs	LEAs can use these funds to operate a learning recovery program that provides supplemental instruction, support for social and emotional well-being, and meals and snacks to specified students in kindergarten through grade 6, inclusive of those who have faced adverse learning and social-emotional circumstances. Funds were apportioned in May and December 2021.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Mental Health Student Services Act (MHSSA) Partnership Grant Program</u> ⁸⁰	One-time; must be spent by 6/30/26	\$205 million	CA Budget Act of 2021: Children & Youth Behavioral Health Initiative (CYBHI) (AB 133; Chapter 143, Section 354)	County, city or multicounty mental or behavioral health departments, COEs	This fund is the Mental Health Services Oversight and Accountability Commission (MHSOAC) augmentation to the MHSSA Partnership Grant Program in order to increase collaboration between county mental health plans and schools and to promote more integrated behavioral health services to students.
<u>Increased Access to Student Behavioral Health Services</u>	One-time; must be spent by 6/30/24	\$400 million	Budget Act of 2021: CYBHI (AB 133; Chapter 143, Section 355)	Managed care organizations (MCOs)	Department of Health Care Services (DHCS) will develop an incentive program to encourage partnerships between MCOs to provide prevention, intervention, and mild/moderate services to students on school campuses by qualified staff.
<u>School-Linked Behavioral Health Partnerships and Capacity</u>	One-time; \$100 million (FY21 thru FY22), \$450 million (FY22 thru FY23)	\$550 million (\$400 million K-12)	CA Budget Act of 2021: CYBHI (AB 133; Chapter 143, Section 355)	LEAs, health plans, county mental health plans, CBOs	DHCS will administer these grants to encourage partnerships and increased collaboration with MCOs, MHPs, and CBOs to enhance access to school-based preventive and early intervention behavioral health services and providers.

⁸⁰ Part of California Health and Human Services (CHHS) Agency's Children & Youth Behavioral Health Initiative (CYBHI), funded at \$4.3 billion in California's Budget Act of 2021, is comprised of 15 tasks. Major tasks are listed in this table. The remaining tasks constitute approximately \$1.3 billion in spending on adjacent programs that target support to children and youth outside of school.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Evidence-Based Behavioral Health</u>	One-time; FY22 thru FY23	\$429 million	CA Budget Act of 2021: CYBHI (AB 133: Chapter 143, Section 355)	MCOs, CBOs	DHCS will administer these grants to support evidence-based interventions that improve outcomes for children and youth with or at high risk for behavioral health conditions.
<u>Behavioral Health Workforce Capacity and Behavioral Health Counselors and Coaches</u>	One-time; FY22 thru FY24	\$800 million	CA Budget Act of 2021: CYBHI (AB 133: Chapter 143, Section 116)	COEs, LEAs, CBOs, MCOs, and more	Administered through the California Department of Health Care Access and Information (HCAI), \$448 million of these funds will be used to recruit and train the new behavioral health professionals needed to expand services to students. A potential use may be to fund paid internships at school sites. An additional \$352 million will be used to develop the workforce of behavioral health counselors and coaches.
<u>Inclusive Early Education Expansion Program</u>	One-time; must be spent by 6/30/2023	\$167 million	CA Budget Act of 2021 (AB 131: Chapter 116, Section 232)	LEAs, COEs	This fund will be used to increase access to subsidized inclusive early care and education programs for children up to 5 years of age, especially those with special needs and in low-income and high-need communities.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Scaling Up MTSS</u>	One-time	\$50 million	CA Budget Act of 2021 (<u>AB 130</u> : Chapter 44, Section 23)	LEAs	At least \$30 million of these funds will be granted to LEAs. These grants can be used for integrated prevention and intervention supports and services for students like SEL, as well as the adoption of administrative policies and systems such as MTSS, PBIS, <i>RTI</i> ² , and universal design for learning (UDL).
<u>Universal Prekindergarten Planning (UPK) and Implementation Grant</u>	One-time; FY22 thru FY23	\$200 million	CA Budget Act of 2021 (<u>AB 130</u> : Chapter 44, Section 4 and <u>AB 167</u> : Chapter 252, Section 1)	LEAs	CDE administers these funds to LEAs to create and expand access for preschool-age students to PK programs and to strengthen partnerships with other child care providers in order to ensure that high-quality options for PK education are available for 4-year-old children.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Early Education Teacher Development Grant</u>	One-time; must be spent by 6/30/2024	\$100 million	CA Budget Act of 2021 (AB 167 : Chapter 252, Section 1(d)(6))	LEAs	This competitive grant is funded in combination with the state UPK Planning and Implementation Grant to increase the number of highly qualified teachers available to serve California state preschool programs and TK pupils and to provide California state preschool, TK, and kindergarten teachers with training support on inclusive classroom instruction, support for English Learners, SEL, trauma-informed practices, restorative practice, and the mitigation of implicit bias.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>California Community Schools Partnership Program</u>	One-time; FY22 thru FY28	\$2.86 billion	CA Budget Act of 2021 (AB 130 : Chapter 44, Section 8)	LEAs, early education programs and centers (in partnership with CBOs)	CDE administers the majority of these grants to create new or expand existing community school programs with strong partnerships between LEAs and community-based providers so that schools can integrate health and mental health services, trauma-informed care, social services, and academic education programs to support students and families. Up to \$141 million will be allocated to contract with local educational agencies to create a network of at least five regional technical assistance centers to provide support and assistance to LEAs and community schools through the 2027/28 school year.
<u>Educator Effectiveness Block Grant</u>	One-time; FY22 thru FY26	\$1.5 billion	CA Budget Act of 2021 (AB-130 : Chapter 44, Section 22)	LEAs	CDE administers these grants to LEAs to promote educator equity, quality, and effectiveness through professional learning for teachers, administrators, and paraprofessionals who work with students.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Teacher Residency Grant Program</u>	One-time; FY22 thru FY26; must be spent by 6/30/2026	\$350 million	CA Budget Act of 2021 (AB 130 : Chapter 44, Section 45)	IHEs, LEAs	California Commission on Teacher Credentialing (CTC) can make one-time competitive grants to develop new or improve access to existing teacher residency programs that support designated shortage fields, including TK and bilingual education. Grants can also support local efforts to recruit, develop support systems for, provide outreach and communication strategies to, and retain a diverse teacher workforce that reflects an LEA community's diversity.
<u>Classified School Employee Teacher Credentialing Program</u>	One-time; FY22 thru FY26	\$125 million	CA Budget Act of 2021 (AB-130 : Chapter 44, Section 129)	LEAs	Classified staff at grantee LEAs receive financial assistance for degree- and credentialing-related expenses such as tuition, fees, books, and examination costs; academic guidance; and other forms of individualized support to help them complete their undergraduate education or teacher preparation program and transition to becoming credentialed teachers.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Golden State Teacher Grant Program</u>	One-time; \$100 million FY22 thru FY26	\$500 million	CA Budget Act of 2021 (<u>AB-132</u> : Chapter 144, Section 29)	Teacher candidates	This grant is administered by the California Student Aid Commission and provides one-time funds of up to \$20,000 to each student enrolled on or after January 1, 2020, in a professional preparation program leading to a preliminary teaching credential, approved by the CTC, if the student commits to working in a high-need field at a priority school for 4 years after the student receives the teaching credential.

Table D.2. State Ongoing Resources

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<p><u>Local Control Funding Formula (LCFF) / Proposition 98</u></p>	<p>Ongoing</p>	<p>\$93.7 billion</p>	<p>CA General Fund</p>	<p>LEAs</p>	<p>These general education funds are flexible and can be used to support educational services such as MTSS, SEL, PBIS, and RTI². After meeting Education Code requirements, LEAs may be able to use additional LCFF funds for behavioral health services. LCFF funds may also be used as a match to draw down federal Medicaid dollars.</p> <p>LCFF funds are focused on three populations: youth in foster care, students who are economically disadvantaged, and English Learners. These are often the students most at risk due to social determinants of health. LEAs can use these funds to directly support mental health services or to match Medi-Cal (Medicaid) in order to double the available funding for mental health services for these students, all of whom are likely to meet the necessary criteria for Medi-Cal specialty mental health services. These are ongoing, sustainable funds that are available to districts to meet the needs of these students.</p>

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>The Expanded Learning Opportunities Program (ELO-P)</u>	Ongoing	\$1.75 billion	CA General Fund (<u>AB 2501</u> : Section 1)	LEAs, CBOs	This program provides funding for after-school and summer school enrichment, focusing on local educational agencies with the highest concentration of disadvantaged students.
<u>After School Education and Safety (ASES)</u>	Ongoing	\$650 million	<u>Proposition 49</u>	LEAs	CDE administers these funds to promote the design of effective expanded learning programs that serve TK-9 students. These programs are created through partnerships between schools and private sector and local community partners including, but not limited to, parents, youth, and community-based organizations.
<u>Special Education Mental Health Services</u>	Ongoing	\$400 million	CA General Fund	Special education local plan areas (SELPAs)	CDE administers these grants (via ADA-based formula) to SELPAs, which then administer some portion of these funds to LEAs. These funds pay for mental health services provided to students who have an IEP or 504 plan. LEAs use leftover funds to provide services to students without an IEP or 504 plan.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Mental Health Services Act (MHSA)</u>	Ongoing	\$452 million (total revenue \$2.5 billion)	Proposition 63	County MHPs	MHOAC administers funds for community services, prevention and intervention services, workforce development programs, and innovation projects.
<u>Special Education Early Intervention Preschool Grant</u>	Ongoing	\$260 million	CA General Fund (AB 130: Chapter 44, Section 105)	LEAs	This program provides funding for early interventions, including preschool and supportive services for children from birth to age 5, who are not meeting age-appropriate developmental milestones and are at risk for being identified as eligible for special education and related services. These early intervention services include strategies to improve pupil outcomes as identified through the state system of support, wraparound services for preschool children with exceptional needs, expansion of inclusive practices to ensure that preschool children with exceptional needs have access to learn in the least restrictive environment, and professional development for preschool teachers, administrators, and paraprofessionals on evidence-based strategies to build capacity to serve preschool children with exceptional needs in more inclusive settings.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Universal Transitional Kindergarten (TK)</u>	Ongoing; FY22 thru FY26	\$900 million (FY22); \$2.7 billion (FY26)	CA General Fund	LEAs	These funds will allow LEAs to gradually phase in all 4-year-olds to TK by lowering age eligibility.
<u>California State Preschool Program (CSPP) Expansion</u>	Ongoing	\$130 million	CA General Fund (AB 164: Chapter 84, Section 18)	LEAs	This funding amount aims to expand CSPP services statewide for full-day/full-year and/or part-day/part-year CSPP services beginning in FY21/22.
<u>Additional Child Care Slots</u>	Ongoing; FY22 thru FY23	\$739 million (\$403 million FY22; \$336 million FY23)	CA General Fund (AB 131: Chapter 116, Section 265)	Childcare providers	Funding will allow preschool providers to open additional slots for 3-year-olds. The state has made a multiyear commitment to attain 200,000 slots by 2025.
<u>California Children's Services Program</u>	Ongoing	\$200 million	Combination of Medicaid, federal Title XXI, state, and county funds	County health departments	DHCS administers these funds to provide diagnostic and treatment services, case management, and physical and occupational therapy services to children under the age of 21 with chronic health conditions.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Medi-Cal Dyadic Services Benefit</u>	Ongoing; FY22 thru FY23	\$100 million (\$200 million total)	CA Budget Act of 2021: CYBHI (<u>AB 133</u> : Chapter 143, Section 392)	MCOs, Medi-Cal fee for service providers, MHPS, contracted CBOS	DHCS will authorize a new Medi-Cal benefit to offer simultaneous psychological services to a parent and child. This will allow providers to address a child's needs stemming from a parent's mental health condition without a diagnosis for the child. This will require the state to gain federal approval and will begin no sooner than July 1, 2022 (<u>California Welfare and Institutions Code, Section 14132.755</u>).

Table D.3. Federal One-Time Resources

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
Elementary and Secondary School Emergency Relief (ESSER) I Fund	One-time; 3/13/20 thru 9/30/22	\$1.5 billion	CARES Act	LEAs, private nonpublic schools	Among other allowable uses, LEAs can use these funds for mental health support, summer school and after-school programs, coordination with public health agencies, and activities to address the unique needs of vulnerable student populations. As of 6/30/21, 74.4 percent of these funds had been expended.
Governor’s Emergency Education Relief Fund (GEER) I (to be used for Learning Loss Mitigation Funding [LLMF])	One-time; 3/13/20 thru 9/30/22	\$355 million	CARES Act	LEAs	Same as Coronavirus Relief Fund (CRF)/LLMF funds. As of 6/30/21, 63.6 percent of these funds had been expended.
ESSER II Fund	One-time; 3/13/20 thru 9/30/23	\$6.03 billion	CRRSA Act	LEAs	Same as ESSER I funds. As of 6/30/21, 12.4 percent of these funds had been expended.
ESSER II SEA Reserve (used for ELO-G)	One-time; 3/13/20 thru 9/30/23	\$671 million	CRRSA Act	LEAs	Same as LLMF funds, with additional allowable uses such as training for school staff on meeting students’ academic and social-emotional needs. These funds complement the ELO-G. Initial apportionment is TBD.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
GEER II (used for ELO-G)	One-time; must be spent by 9/30/23	\$154 million	CRRSA Act	LEAs	Same as ESSER II SEA Reserve funds. Initial apportionment is TBD.
ESSER III SEA Reserve, Emergency Needs (used for ELO-G)	One-time; must be spent by 9/30/24	\$437 million	ARP Act	LEAs	Same as ESSER II SEA Reserve funds. Initial apportionment is TBD.
ESSER III SEA Reserve, Learning Loss (used for ELO-G)	One-time; must be spent by 9/30/24	\$753 million	ARP Act	LEAs	Same as ESSER II SEA Reserve funds. Initial apportionment is TBD.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
ESSER III	One-time; must be spent by 9/30/24	\$13.6 billion	ARP Act	LEAs	Same as ESSER I and II funds. An LEA must reserve at least 20 percent of its total ESSER III allocation to address learning loss through interventions such as summer learning, extended school day or year, or after-school programs. Any such intervention must respond to students' academic, social, and emotional needs and must address the disproportionate impact of the COVID-19 pandemic on underrepresented student groups. Initial apportionment is TBD.

D.4. Federal Ongoing Resources

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Title I</u>	Ongoing	\$3 billion	Federal ESEA	LEAs	These funds are based on enrollment of students who are economically disadvantaged and can be used for effective, evidence-based strategies that reduce achievement gaps. These can include a wide range of strategies and programs that aim to serve the whole child, including early learning, academic interventions, creating safe and supportive learning environments (e.g., through PBIS or SEL), mental health services, and expanded learning.
<u>Student Support and Academic Enrichment (SSAE)</u>	Ongoing	\$500 million	Federal ESEA (Title IV, Part A)	LEAs	Among other allowable uses, LEAs can use these funds for learning supports, creating safe and supportive learning environments (e.g., through PBIS or SEL), school-based health and mental health services, and expanded learning.
<u>21st Century Community Learning Centers (CCLC)</u>	Ongoing; estimated for FY22 on USDE website	\$154 million	Federal ESEA (Title IV, Part A)	LEAs	These funds support the creation of community learning centers that provide academic enrichment opportunities during nonschool hours for children, particularly students who attend high-poverty and low-performing schools.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<p><u>LEA Billing Option Program (LEA BOP)</u></p>	<p>Ongoing</p>	<p>\$120 million</p>	<p>Federal Medicaid reimbursement</p>	<p>LEAs</p>	<p>This is a DHCS-administered reimbursement for direct health and mental health Medi-Cal-eligible services provided to Medi-Cal-eligible students with an IEP or 504 plan. Funds must be reinvested in school health and mental health services. LEA BOP reimburses LEAs (school districts, COEs, charter schools, community colleges, and university campuses) for health-related services already provided by qualified health service practitioners to Medi-Cal-enrolled students. The following services can be provided and funded through LEA BOP, either through employees of the district or through contracted services provided by CBOs: audiology services, health and mental health evaluations, medical transportation, nursing services, activities of daily living, nutritional services, occupational therapy, orientation and mobility services, physical therapy, psychology and counseling, school health aide services, speech therapy, targeted case management, and respiratory therapy. LEAs pay for the services and are reimbursed the federal funds, at approximately 50 percent of cost, for each individual service. Therefore, there is no state General Fund expense for this program.</p>

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>School-Based Medi-Cal Administrative Activities (SMAA)</u>	Ongoing	\$130 million	Federal Medicaid reimbursement	LEAs	This is a DHCS-administered reimbursement to LEAs for Medi-Cal-eligible administrative activities performed. Supports an array of school-based mental health services through partnerships with county behavioral health departments and community-based providers. These funds can be used by schools to assist students in enrolling in or verifying that they are eligible for Medi-Cal; Medi-Cal outreach; nonemergency, nonmedical transportation of Medi-Cal-eligible individuals to Medi-Cal services; contracting for Medi-Cal services; program planning; and policy development in the Medi-Cal program, SMAA coordination, and claims administration.
<u>Medi-Cal Managed Care (MCOs)</u>	Ongoing	N/A	Federal Medicaid drawdown	Medi-Cal MCOs	California's Medi-Cal program contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care; these networks are MCOs. MCOs provide covered Medi-Cal enrollees with Medi-Cal-eligible medically necessary health services and mild/moderate mental health services. ⁸¹

81 Funds rarely flow directly from MCOs to schools. Usually, MCOs contract with a CBO, which hires staff and then identifies schools with which it will work.

Funded Initiative (Administering Agency)	Eligible Years	Amount	Authorizing Legislation/ Source	Eligible Entities	Purpose and Use
<u>Federally Qualified Health Centers (FQHCs)</u>	Ongoing	N/A	Federal funding from the Health Resources and Services Administration (HRSA) Health Center program and from Medicaid	FQHCs	Federally qualified health centers receive funds to provide health and mild/moderate mental health services to Medi-Cal-eligible individuals in underserved areas.

Related Resource

- [Practical Guide for Financing Social, Emotional, and Mental Health in Schools](#)

Description of Exhibit 2

Exhibit 2. How Initiatives Can Provide or Increase Access to Opportunities for Building Local Integrated, School-Based Systems of Care

Overview and presentation

Figure in the form of a table that shows the extent to which the six initiatives can provide or increase access to professional development and training, an integrated workforce, and governing structures; build or seed partnerships and collaboration; and provide infrastructure that provides services to students' families or provides the time and space to deliver those services. The initiatives can provide or increase access to these opportunities to a small extent, a moderate extent, a great extent, fully, or are not applicable (Table E1).

Table E1. Extent to Which the Six Initiatives Can Provide Opportunities for Building Local Integrated, School-Based Systems of Care

Provide/ Increase Access to	ACES Aware Initiative	CYBHI	System of Care	Community Schools	Early Childhood Initiatives	Expanded Learning
Professional development & training	To a small extent	To a great extent	Not applicable	To a moderate extent	Fully	To a moderate extent
Integrated workforce	Not applicable	Fully	To a moderate extent	To a moderate extent	To a great extent	To a great extent
Governing structures*	Not applicable	Not applicable	Fully	To a small extent	Not applicable	Not applicable
Partnerships & collaboration†	Build partnerships	Seed partnerships	Build partnerships	Seed partnerships	Build partnerships	Seed partnerships
Service to students' families†	Not applicable	Infrastructure to provide services	Not applicable	Infrastructure to provide services	Time & space to deliver services	Time & space to deliver services

* The governing structures of community schools are better described as management structures.

† Early childhood initiatives are primarily focused on early intervention and prevention.