



# Manual

*Updated July 2025*



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## **FORMS**

- 1) SchoolLink Annual Meeting Agenda
- 2) Annual SchoolLink Plan
- 3) SchoolLink Referral Form
- 4) SchoolLink Monthly Communication Log
- 5) SchoolLink Flyer

## **APPENDICES**

- 1) Behavioral Health Access Poster
- 2) SchoolLink Service Structure
- 3) SchoolLink Threshold Memo
- 4) Medical Necessity Criteria for Specialty Mental Health Services – Title 9
- 5) Medical Necessity Criteria for Drug Medi-Cal – Title 22
- 6) Seriously Emotionally Disturbed (SED) – California Welfare & Institutions Code
- 7) Communication Log Excel Sorting Instructions

## Module 1: SchoolLink Introduction

SchoolLink is a longstanding partnership between the County of San Diego and local school districts to provide County-funded behavioral health services at schools. The partnership dates back to late 1990's, where the Health and Human Services Agency (HHSA) – Behavioral Health Services (County) partnered with school districts and Community Based Organizations to offer outpatient Specialty Mental Health Services (SMHS), and later Substance Use Disorder (SUD) treatment on designated school campuses to students with Medi-Cal or no insurance.

School campuses are dynamic with a variety of resources, but it is not always easy to know how to access services. The [Behavioral Health Services for Youth in San Diego County Poster](#) was created to help explain the landscape.

The training program was originally developed in 2017-2018 through a highly collaborative and interactive process between the County Behavioral Health Services Division, San Diego Unified School District's (SDUSD) Mental Health Resource Center (MHRC), Community Research Foundation (CRF), and Price Philanthropies. All SchoolLink materials can be found on the [SchoolLink San Diego](#) website. SchoolLink modules were last updated in 2025, introducing new modules.

The SchoolLink modules aim to outline successful strategies for linking eligible school-aged children and youth to behavioral health services. It was created for SchoolLink providers and for schools. Read the full [SchoolLink Manual July 2025](#) Manual and come back to relook at specific modules. You will also find helpful reference materials, like standardized referral forms, sample meeting agendas, and more.

SchoolLink provides resources to help school staff and behavioral health providers to better understand:

- Available Services
- Referral Processes
- School staff and provider roles and responsibilities
- Best practices for outreach and communication

## Module 2: Prevalence

The prevalence of children and youth impacted by mental health and substance use disorders are well documented. [Youth Topics | Youth.gov](#)

Schools that promote student mental health and well-being and address substance use concerns can improve classroom behavior, school engagement, and peer relationships. These factors are all connected to academic success. [About Children's Mental Health](#).

One in six U.S. youth aged 6-17 experience a mental health disorder each year (Whiteny and Peterson, 2019; [National Alliance on Mental Illness Fast Facts](#)).

Among high school students: 39.7% of students experienced persistent feelings of sadness and hopelessness, 28.5% experienced poor mental health, 20.4% seriously considered attempting suicide, and 9.5% attempted suicide. (Verlenden, Fodeman, Wilkins, Jones, Moore, Cornett, Sims, Saelee, et al, 2023)

Among children and youth ages 3-17 with a current mental health condition, just over half (53%) received treatment or counseling from a mental health professional in the past year. (National Survey of Children's Health, 2018-2019)

School-based mental health services can reduce rates of absenteeism by 50% and rates of tardiness by 25%. (Kang-Yi, Wolk, Locke, Beidas, Lareef, Piscella, Lim, Evans, et al, 2018)

More than two-thirds of public schools reported an increase in the percentage of students seeking mental health services from school since the start of the pandemic. (National Center for Education Statistics, 2022)

Six percent of 12th graders report daily use of marijuana in the past 30 days. (Monitoring the Future Survey, 2022)

An estimated 8-10% of California youth ages 12-17 have a substance use disorder. (SAMHSA National Report, 2023)

### **School-based behavioral health services offer many benefits to students in need.**

Schools play a critical role in supporting students. Schools can be a safe, non-stigmatizing, and supportive environment in which youth and families have access to prevention, early intervention, and treatment through school-based programs.

### **Schools and community organization partnerships can enhance the academic success of individual students.**

**Studies show these partnerships can lead to:**

- Stronger social and emotional skills development
- Enhanced student engagement (higher attendance rates and lower chronic absenteeism)
- Improved academic outcomes (higher test scores and better grades, higher rates of on-time grade promotion, and higher graduation rates)

*Source:* [School-Community Partnerships | MDRC](#)

## Module 3: Access & Eligibility

**Figuring out the right place to refer students to behavioral health services can be a big challenge.**

Below are the outpatient behavioral health services for youth in the County of San Diego. This module will review 8 different ways to access care.

1. [SchoolLink San Diego](#) (County-Funded School-Based Behavioral Health Services)
2. County-funded Community-Based Behavioral Health Providers
3. Medi-Cal Health Plans – Managed Care Plans (MCP)
4. Private (Commercial) Insurance
5. Federally Qualified Health Centers (FQHC)
6. Primary Care Providers (PCP)
7. Special Education Related Services including Educationally Related Mental Health Services (ERMHS)
8. Children and Youth Behavioral Health Initiative (CYBHI) – [Fee-Schedule](#) Program

If a student is experiencing a behavioral health crisis, call 911 or the Access & Crisis Line at 988 or 888-724-7240 (see Modules 7 and 8 for additional crisis supports)

### **Access to Care #1: SchoolLink: County-Funded School-Based Behavioral Health Services**

#### **Overview**

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego.
- No one is turned away due to inability to pay.
- Services can be provided during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs.
- Located at schools with a significant number of Medi-Cal and uninsured students.
- Some programs focus on treating substance use disorders as the primary need, while others require that the student has a primary mental health disorder.

## **Eligibility Criteria**

Meets medical necessity criteria for specialty mental health services or Drug Medi-Cal.  
For more information, go to:

- [Title 9 Medical Necessity Criteria](#)
- [Title 22 Diagnosis Medical Necessity DSM](#)
- [Behavioral Health Information Notice No: 21-073](#)

### **In a nutshell:**

- Student has a mental health or substance use condition, or are at high risk for a mental health condition due to experience of trauma
- The behavioral health disorder is or will impair an important area of life functioning
- There is a reasonable expectation that intervention will help
- Medi-Cal enrolled or low income and uninsured or underinsured youth up to 21 years old

### **How to Access**

- Submit [SchoolLink referral form](#) to designated contact on campus.

## **Access to Care #2: County-Funded Community-Based Mental Health Providers**

### **Overview**

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego.
- Services can be provided by an organizational (clinic) or fee for service (private clinician) provider.
- No one is turned away due to inability to pay.
- Services are provided in a community setting.
- Some programs focus on treating substance use disorders as the primary need, while others require that the student has a primary mental health disorder.



## **Eligibility Criteria**

Meets medical necessity criteria for specialty mental health services or Drug Medi-Cal. For more information, go to:

- [Title 9 Medical Necessity Criteria](#)
- [Title 22 Diagnosis Medical Necessity DSM](#)
- [Behavioral Health Information Notice No: 21-073](#)

## **In a nutshell:**

- Student has a mental health or substance use condition, or are at high risk for a mental health condition due to experience of trauma
- The behavioral health disorder is or will impair an important area of life functioning
- There is a reasonable expectation that intervention will help
- Medi-Cal enrolled or low income and uninsured or underinsured youth up to 21 years old

## **How to Access:**

Call the San Diego County Access & Crisis Line at 888-724-7240 or 988 to ask for the closest providers by zip code, or utilize the [Behavioral Health Services Directories for Children, Youth, and Families](#)

## **Access to Care #3: Medi-Cal Health Plans**

### **Overview**

Medi-Cal health plans can help their members identify a behavioral health provider in their network. [Medi-Cal Managed Care Plans \(MCP\) Contact Card](#)

## **Eligibility Criteria**

Eligible services, participating providers, and related co-pays will depend on the Medi-Cal health plan.

## **How to Access:**

Encourage or help the parent call their child's Medi-Cal health plan. Most Medi-Cal insurance cards list a separate phone number for behavioral health services.

- Blue Shield of California Promise Health Plan: 855-321-2211

- Community Health Group Partnership Plan: 800-404-3332
- Kaiser Permanente: 877-496-0450 (English), 800-788-0616 (Spanish)
- Molina Healthcare: 888-665-4621

## **Access to Care #4: Private Insurance**

### **Overview**

Private insurance plans, often provided through a parent's employer, can help their members identify a behavioral health provider in their network.

### **Eligibility Criteria**

Eligible services, participating providers, and related co-pays will depend on the plan.

### **How to Access:**

Encourage or help the parent call their child's insurance plan. Most insurance cards list a separate phone number for behavioral health services.

## **Access to Care #5: Federally Qualified Health Centers**

### **Overview**

Many federally qualified health centers (also known as community health centers) provide no or low-cost behavioral health services.

### **Eligibility Criteria**

- For Medi-Cal enrolled or eligible youth, services are provided at no cost to the family as authorized by the Medi-Cal managed care plan.
- For uninsured youth, community health centers offer behavioral health services on a discounted sliding fee scale based on the family's income and size.

### **How to Access**

- Search online at: <https://findahealthcenter.hrsa.gov/> or [EQHC List Public](#)
- Call 211 San Diego to ask for the closest federally qualified health center with behavioral health services.

## **Access to Care #6: Primary Care Providers**

### **Overview**

Primary care providers can provide behavioral health services and/or refer their patients for care.

### **Eligibility Criteria**

Eligible services and related co-pays will depend on the provider and the students' insurance.

### **How to Access:**

Encourage or help the parent call their child's insurance plan. Most insurance cards list a separate phone number for behavioral health services.

## **Access to Care #7: Special Education Related Services.**

See Module 13: Special Education, for eligibility and referral information for special education related behavioral health services.

## **Access to Care #8: CYBHI Fee Schedule Program**

### **Overview**

- Outpatient mental health and substance use disorder support.
- Services rendered at a school or school-linked site.
- Children, youth, and families will not pay out-of-pocket expenses and there will not be any impact to their existing insurance plan nor deductibles.

### **Eligibility Criteria**

- Children, youth, or Transitional Aged Youth (TAY) under the age of 26
- Enrolled in public TK-12 schools or institutions of higher education, AND
- Covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans and disability insurers
- Children, youth, and families will not pay out-of-pocket expenses and there will not be any impact to their existing insurance plan nor deductibles.

**How to Access:**

Available at participating schools. Information is also available on the CYBHI Fee Schedule program website: [Fee-Schedule](#)

**Behavioral Health Services Posters**

[Click here](#) for a printable poster that details the ways to access behavioral health services for youth in San Diego County. For individual posters in each threshold language, please visit the "Resources" page on [the website](#).

**KEY POINT:** There are multiple ways students can access behavioral health services, which may depend on their family income, insurance status, and symptoms. When in doubt, school staff can refer students to a SchoolLink provider on their campus, and they can initiate treatment or coordinate further referrals if needed.

If a school does not have a SchoolLink provider, the family can be referred to the Access & Crisis Line at 888-724-7240 or 988 to connect to care or [Behavioral Health Services Directories for Children, Youth, and Families](#)

**KEY POINT:** It is atypical for a student to enroll in behavioral health services from multiple programs simultaneously.

SchoolLink provider should consult with the County Monitor to ensure that duplication of service or claiming is not occurring.

**Resources**

- San Diego County Access & Crisis Line at 888-724-7240 or 988 - [ACL](#)
- [San Diego County Medi-Cal Program website](#)
- [Medi-Cal Managed Care Plans \(MCP\) Contact Card](#)
- [EQHC List Public](#)
- [Behavioral Health Services Directories for Children, Youth, and Families](#)
- [CYBHI Fee-Schedule Program](#)
- [Home - 211 San Diego](#)

## Module 4: Annual SchoolLink Meeting

The annual meeting lays the foundation for successful working relationships between school staff and behavioral health providers throughout the school year.

During the first month of every school year, behavioral health providers will initiate and coordinate the annual meeting. Additional meetings throughout the year can be initiated by school staff or SchoolLink provider as needed.

### Who Should Attend?

#### The following staff typically attend the Annual meeting:

- Principal or designee
- School psychologist, counselor, and/or nurse
- SchoolLink provider
- CYBHI Fee Schedule program provider
- District Liaison (optional)
- County Monitor (optional)

### Tools & Resources

The following resources have been developed to support your SchoolLink partnership at the meeting and throughout the year. They can be found on the [BHS SchoolLink website](#).

- [SchoolLink Annual Meeting Agenda](#) – a template agenda for the meeting
- [Annual SchoolLink Plan](#) – a list of key contacts, decisions and processes that need to be decided and documented during the meeting
- [SchoolLink Student Referral Form](#) – a template form all school staff must use to refer students for behavioral health services
- [SchoolLink Monthly Communications Log](#) – a template excel sheet for providers to use to provide updates and information about referred students to school staff
- [SchoolLink Service Structure](#) – a diagram detailing the organizational and funding structure of school-based behavioral health services

## **Key Meeting Outcomes**

**Outcomes and related questions are answered during the meeting and documented in the annual plan.**

### **Clarify roles and responsibilities**

- Who is responsible for referring students?
- How should school staff submit referral forms?
- What will the provider do if they can't reach a referred student's parents?

### **Establish key contacts**

- Who is the primary school contact?
- Who is the provider contact?
- How do I reach the provider when they are not on site?
- How do I escalate an issue to a supervisor if needed?

### **Review minimum commitments**

- What are the minimum referral threshold expectations from the school?
- What are the minimum school site service expectations from the provider?
- See module 5 for more information

### **Commitment from SchoolLink Provider**

- Clinician on school site **weekly** for minimum of **four hours per visit**
- Clinician shall have the capacity to **serve 5 clients per visit**
- On average, each client shall receive 10+ weeks of services
- On average, each client shall receive 10+ services on the school campus

### **Commitment from School**

- Provide a designated confidential space for SchoolLink provider to meet with student
- Make sufficient referrals that lead to a minimum of 5 active clients served by SchoolLink provider

- Make sufficient referrals that lead to a minimum of 10 annual clients served by SchoolLink provider

### **Formalize the Communication and Outreach Plan**

- How will teachers and parents learn about these SchoolLink services?
- What meetings can the SchoolLink provider attend to promote these services?
- What is the SchoolLink provider allowed and not allowed to share with school staff about the student's treatment?

### **Resolve any facility, process, or procedure questions**

- What office can the SchoolLink provider use?
- What is the best way to pull a student from class?
- What are the school site's emergency procedures?

### **Best Practices:**

- SchoolLink Program Managers reach out monthly to school contact
- Discuss referral levels and threshold commitments
- Inquire and share any changes to key point of contacts
- Are referrals completed with needed information
- Does the SchoolLink provider updating the monthly log to offer progress
- Review access time and other points of entry when needed
- Inform county monitor if unable to schedule annual meeting at start of year

**Key Point:** The [Annual SchoolLink Plan](#) details how SchoolLink services operate at a school. School leadership is encouraged to disseminate the plan to school staff and behavioral health providers.

## Module 5: SchoolLink Thresholds

SchoolLink thresholds represent the commitment between schools, districts, SchoolLink providers and the County. Ultimately, the goal is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner. Achieving the thresholds, requires commitment, communication and collaboration between schools and SchoolLink providers.

### **SchoolLink Thresholds – Providers**

#### **Minimum Commitment by SchoolLink Provider for Mental Health and SUD:**

- Clinician shall be deployed to each designated school at least weekly
- Clinician shall be on campus for a minimum of four hours per visit
- Clinician shall have the capacity to serve 5 clients per visit
- On average, each client shall receive 10+ services on the school campus
- On average, each client shall receive 10+ weeks of services
- Provider shall review the threshold data quarterly for each designated school and communicate progress with their school partners.

### **SchoolLink Thresholds – Schools**

#### **Minimum Commitment by School:**

- Identify a consistent, private, space for clinician(s) on each of their assigned day(s) and time(s)
- Make sufficient referrals that lead to a minimum of 5 active clients served by SchoolLink provider
- Make sufficient referrals that lead to a minimum of 10 annual clients served by SchoolLink provider

#### **Resources:**

- [HHSA-BHS SchoolLink Threshold Guidelines Memo 7.1.2019](#)
- [SchoolLink Threshold Letter to School Administrators 8.1.2019](#)

**Key Point:** Minimum thresholds are discussed at the Annual Meeting and evaluated by SchoolLink provider quarterly. When thresholds are not met, dialog between the school



and SchoolLink provider should occur to address barriers and evaluate if services are needed on the campus.

School District and County Monitor need to be engaged in dialog if barriers persist or services on the school campuses are no longer needed.

## Module 6: Referral, Screening, Assessment & Consent

Ongoing communication between the referring school staff, behavioral health provider and the student's family is essential, especially when a student is transitioning into care.

The behavioral health provider will document the status of the referral, screening, assessment and treatment on the [Monthly Communication Log](#).

School staff initiates the referral process using the [SchoolLink Referral Form](#).

### Steps Required for a Successful Referral Process

1. **Complete the Referral Form:** Include all of the necessary informational elements, including parent/guardian consent to refer and authorization to release information.
2. **Follow Submission Protocol:** Use the agreed-upon campus protocol detailed in your Annual SchoolLink Plan to forward the referral to the provider. Remember - referrals should NEVER be sent via unencrypted email.
3. **Document Referral Was Made:** School staff should document the referral submission per their school site documentation system established at the SchoolLink Annual Meeting.

### Eligibility Screening

The behavioral health provider receives the SchoolLink referral and initiates the eligibility screening process. See below to review the formalized steps for the eligibility screening process.

1. **Contact guardian\* for eligibility screening:** The provider contacts the student's parent/guardian to screen for whether the student's symptoms and financial status meet SchoolLink eligibility criteria. \*If student is providing minor consent for services, provider would conduct screening with the student.
2. **Determine if additional screening is needed:** Sometimes school staff identify behavioral health concerns that the parent/guardian minimizes or dismisses during the eligibility screening. In these instances, the provider uses their clinical judgment to determine if a more thorough behavioral health assessment is needed.

Additionally, if the student appears to be experiencing challenges related to both mental health and substance use, the provider may refer the student for a co-occurring assessment to determine the need for integrated treatment.

3. **Student meets SchoolLink eligibility criteria:** If it appears that the student meets SchoolLink criteria during the screening, the provider schedules an in-person behavioral health assessment with the parent/guardian and student.
4. **Student does not meet SchoolLink eligibility criteria:** If the student does not meet SchoolLink eligibility criteria, the provider will connect the family to the appropriate resource and notify the school through the Monthly Communication Log.

#### **Best Practices to make first contact with the family:**

- School staff makes an in-person or phone introduction between the provider and guardian.
- If an in-person introduction is not feasible, school staff contacts the guardian and lets them know to expect a call from the behavioral health provider.
- Provider calls the guardian at various times of the day until they connect.
- Provider sends a letter via mail asking the guardian to call at their convenience.
- If appropriate, the provider asks the student to call the parent together with the provider from the student's cell phone.
- If the provider is unable to connect with the parent after multiple attempts, the provider asks school staff for help.

#### **Assessment:**

The behavioral health provider completes a thorough in-person behavioral health assessment as the final step in the referral process before a student begins treatment.

1. **Schedule a Behavioral Health Assessment:** The provider schedules a thorough, in-person behavioral health assessment with the parent/guardian and the student. If needed, multiple dates, times and locations should be offered to the family.

2. **Re-Confirm Eligibility Criteria:** The provider re-confirms SchoolLink eligibility criteria during the assessment. If the provider determines that the student does not meet SchoolLink eligibility criteria, the provider will connect the family to the appropriate resources and notify the school through the Monthly Communication Log.
3. **Obtain Required Consents:** During the assessment, the provider obtains written consent for treatment and authorization to disclose limited information between the provider and the school. The disclosure authorization is required to participate in SchoolLink services because school staff will know the student is in therapy when they are pulled from class. The Confidentiality module (module 10) details what information can and cannot be shared between the provider and the school.

***Note:** In the rare times when the parent/guardian does not want information shared between the provider and the school, the provider will refer the student to community-based services where this is not required.*

**Best practices if the provider is unable to contact the family, but the student and/or school staff want services:**

- Provider asks the school to set up a meeting with the guardian at the school to sign required consent forms
- Provider gives the required consent forms to the student to bring home to parent/guardian for signatures
- Provider mails the consent forms to the parent/guardian's home
- Provider offers multiple dates, times and locations for the behavioral health assessment

Student may be able to consent for their own services, depending on additional factors and may be eligible to obtain Minor Consent Medi-Cal.

**Consent Exceptions**

Minors 12 or older may consent to their own treatment, if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the outpatient services. If school staff have concerns related to obtaining guardian consent, they should discuss them directly with the behavioral health provider. \*Under certain circumstances, minors may also be eligible to obtain Medi-Cal independent of their guardian, this is known as [Medi-Cal Minor Consent Services \(medi ca minor\)](#)

**Resources:**

- [Monthly Communication Log](#)
- [SchoolLink Referral Form](#)
- [BHIN 24-046 Minor Consent to Outpatient Mental Health Treatment or Counseling](#)
- [AB 665 Minor Consent Mental Health Services Fact Sheet - The Children's Partnership](#)
- [AB 665 Fact Sheet 4.1](#)
- [Medi-Cal Minor Consent Services \(medi ca minor\)](#)
- [Eligibility](#) and [Minor Consent Flyer.pdf](#)

**Key Point:**

Successful student referrals depend upon teamwork and:

- Accurate completion and forwarding the referral form.
- Following initial screening and behavioral health best practices.
- Asking the other party for help, when you need it.
- Helping the student and their family connect to the right care, even if it is off campus.

## Module 7: Treatment

### Treatment

During the assessment process, the behavioral health provider will develop an individualized plan of care for the student. Although each plan is unique, students typically receive treatment for 6-9 months. These services can be provided on-campus, in the home or community setting, and through telehealth depending on the family's need and in coordination with providers' availability.

#### **SchoolLink treatment services may include:**

- Mental health and substance use services
- Individual, family and group therapy
- Medication support
- Case management and Care Coordination
- Collateral services (supportive services provided to parents, caregivers, or others involved in the student's care)
- Rehabilitative services

SchoolLink services are designed to be episodic, so treatment ends when the goals of treatment are met. If needed, the student will be connected to their primary care or a community-based provider for ongoing medication management. A subsequent referral for the student can always be initiated if new issues arise or if previous issues resurface.

#### **Common Issue:** Length of Treatment

Sometimes there are disagreements about the length of treatment that warrant discussion with recognition of student and family choice.

Like most managed care plans, the County of San Diego has a utilization management program for SchoolLink services that monitors service delivery to ensure appropriate and continued care. In most situations, effective treatment for youth is focused and time limited. SchoolLink services are designed to teach students new skills and then give them time outside of treatment to practice and utilize these new skills.

If new issues arise or further treatment is needed, a student can be referred for additional SchoolLink services.

Serious disagreements regarding length of treatment should be escalated to the provider's supervisor as identified in the Annual SchoolLink Plan and/or the school districts' staff person that oversees mental health services.

### **Coordinating Treatment Services**

School staff, providers and families must work together to help the student access care.

*School staff need to show behavioral health providers how to:*

- Access student schedules.
- Pull students from class.
- Determine if it is possible to see the student outside of class time, such as during lunch or a before/after school program.
- Clear absences related to treatment.

*Behavioral health providers need to be sensitive to the following school needs:*

- Students should not be pulled from the same class or subject every time.
- If a student is struggling with a certain subject, they should not be pulled from class during this instruction time.
- Students may not be able to be pulled from class during testing.

### **Monthly Communication Log**

The behavioral health provider will submit the Monthly Communication Log to the school liaison (or individual identified in the Annual Meeting) that details the status of all student referrals, including pending, open and closed cases. The school liaison can share this information with school personnel as appropriate, while always protecting student confidentiality.

### **Scenario: Successful Access for On Campus Treatment.**

Meet Michelle, a student who is having severe panic attacks. Let's take a look at the teamwork involved to help her receive treatment during school hours.

Lyle is a mental health provider who has received approval to treat Michelle on campus for severe panic attacks.

Lyle quickly informs the school liaison that Michelle's case is open. Michelle and her family have agreed to participate in individual and family services.

The school liaison recommends that Lyle pull Michelle from her strongest class, Algebra.

Lyle updates the Monthly Communication Log with the first date of treatment.

Student Progress: Lyle begins to work with Michelle. He teaches her a relaxation technique to use in the classroom.

As a follow up, he tells her teacher, “Michelle is motivated to do well and is responding positively to treatment. Have you seen improvement in the classroom? I’ll be meeting with her again later this week and your perspective will help me gauge her success.”

**Key Point:** There are many benefits to co-locating behavioral health services on school campuses. Teachers know their students and are more likely to share their insights with providers when they are on campus.

Providers can leverage teachers as partners in the treatment, and work together to develop reward, accountability and behavioral strategies for students.

These benefits are best achieved when the entire team coordinates and communicates with each other.

Keep an open dialogue about:

- Student scheduling to support both behavioral health services and quality education
- Treatment status, while always maintaining standards of confidentiality



## Module 8: Teen Recovery Centers

### Teen Recovery Centers (TRCs) as SchoolLink Providers

Teen Recovery Centers (TRC) are County-funded outpatient clinics that provide on-campus and community-based substance use screening, assessment, early intervention (EI), and treatment services for adolescents aged 12 through 17, and up to age 21 if enrolled in high school. The frequency and duration of services are based on individualized assessment of the severity of substance use and the intensity of services needed. TRC services may be provided during school hours or after school.

TRCs are part of the SchoolLink network of behavioral health providers in San Diego County. Like all SchoolLink partners, TRCs are licensed Medi-Cal providers. However, they have added responsibilities because they are also certified as Drug Medi-Cal (DMC) providers by the California Department of Health Care Services (DHCS).

### What Makes TRCs Unique as SchoolLink Providers:

- **DMC Certification Tied to Site Address:** In addition to being Medi-Cal certified, TRCs must obtain DMC certification from DHCS for each physical address where services are delivered, including school campuses. While DHCS does not inspect the specific room where TRC services will be delivered, providers are responsible for ensuring the treatment space meets DMC requirements for privacy, confidentiality, and clinical appropriateness.
- **Fixed Service Location:** Once a school site is certified at a specific address, services must remain at that location. TRC providers are advised to identify the school address in the DMC application rather than specifying a building or room number. Moving services to a different room, building, or campus may require a revised DMC application, which can be time-consuming and costly.
- **School Commitment Required:** Hosting a TRC on campus involves a high level of commitment. Because DMC certification is resource-intensive, schools must agree—through the Annual SchoolLink Meeting—to maintain the certified site and support ongoing services each year.

These added requirements reflect the regulatory structure for providing substance use disorder (SUD) treatment under Drug Medi-Cal. They also underscore the importance of collaboration between TRC providers and school partners to ensure compliance and uninterrupted access to services.

**Early Intervention:** [Early Intervention services](#) (EI) focus on substance use prevention education and skill-building for students at risk for developing substance use-related problems. EI is provided one-on-one or in a group setting using standardized curricula.

**Treatment Services:** TRCs provide outpatient substance use disorder (SUD) treatment groups and individual sessions to students who meet SUD criteria and who are assessed as needing an outpatient level of care. Group services are a clinical best practice for adolescent SUD treatment, so having a sufficient volume of referrals to the TRC contributes to positive outcomes for participating students. Drug testing is provided for students enrolled in TRC services. Family services may be provided off-campus as appropriate.

### **[Medication for Addiction Treatment \(MAT\)](#)**

For some adolescents who have been using opioid drugs, such as heroin or fentanyl, screening, assessment, and referral for Medication for Addiction Treatment (MAT) may be recommended. MAT services are delivered by medically trained personnel in [Narcotic Treatment Programs](#) (NTP), primary care or other medical clinics, and in some outpatient and residential SUD treatment programs. If the TRC assesses a student as potentially benefiting from MAT, a referral for MAT services will be offered to the student and family.

### **Location of TRC Services**

TRCs are regionally located across San Diego County. Each TRC has a main community-based clinic and at least 2 DMC-certified school sites. Each school that has on-campus TRC services is served by one TRC provider rather than multiple providers. School sites are selected based on mutually identified (by TRC and school/school district administration, and County-approved) need for substance use early intervention and treatment services and on the anticipated volume of eligible adolescents, as estimated through Medi-Cal and free or reduced-price lunch eligibility data (see Module 16). DMC-certification is attached to a specific address, such as the physical address of a school or community-based clinic. Once a school site is certified, movement of the TRC's designated space between classrooms/buildings may impact DMC certification.

While schools with DMC-certified TRC school sites may choose to allow students from other schools to receive TRC services on their campus, TRCs are not permitted to provide services on campuses that are not DMC-certified. Schools that do not have a DMC-certified TRC site may refer students to the regionally based TRC main clinic

for services (see [Youth Services Directory](#)). Additionally, during school breaks, students enrolled in on-campus TRC services typically continue receiving services at the TRC main clinic site if the campus is closed.

### **Referral Process**

For DMC-certified TRC school sites, the referral process for TRC services is established through the Annual SchoolLink Plan (see Module 4) between the TRC provider and the school/school district administrator. TRC services are available to Medi-Cal eligible, Medi-Cal enrolled, and uninsured adolescents with substance use issues. TRC services are **voluntary** healthcare services to address substance use and substance-related behavior that increase the youth's risk for dangerous consequences.

While **TRC services are not intended to be used as a form of discipline** (see [AB 2711](#)), the need for intervention related to substance use is sometimes identified through an adolescent's violation of school rules.

### **Length of Services**

The length of time that a student will receive EI or treatment services is individualized according to the student's assessed needs. EI services can be as short as 1 or 2 sessions with the student and their family but typically involve weekly group sessions for 6-8 weeks. Treatment services are provided between 1 to 3 times per week for an average of 8 to 10 weeks.

### **Confidentiality**

As described in Module 10: Confidentiality, it is important to remember that there is information in both school and behavioral health records that must be kept confidential, and school staff and behavioral health service providers must follow their own confidentiality policies and procedures, which should be discussed at the Annual SchoolLink Meeting.

Services provided to treatment substance use conditions are held to a unique set of confidentiality rules under federal law. These rules are outlined in the [Code of Federal Regulations, Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records](#) which prohibit the disclosure of records related to substance use treatment unless certain circumstances exist, including the consent of the service recipient, or in the case of a minor who has not been determined to meet Minor Consent criteria, consent of the parent or legal guardian. Because of these regulations, TRC personnel will obtain a written authorization for release of information before disclosing information related to

substance use treatment services. There are exceptions to these rules that allow for disclosure in certain situations, such as medical emergencies, mandatory reporting of suspected child abuse or neglect, and other exceptions as outlined in the regulations.

### **TRCs Do's & Don'ts**

TRCs are specialized substance use and co-occurring (substance use and mental health) SchoolLink service providers.

#### **TRC providers do...**

- Hold Annual SchoolLink Meetings
- Receive referrals through the SchoolLink process
- Provide monthly updates about the referred students through the SchoolLink Communications Log
- Meet with school administrators monthly or at another agreed-upon frequency
- Obtain student/parental consent to reveal confidential information about participation in substance use services
- Provide substance use services for adolescents with co-occurring mental health conditions

#### **TRC providers don't...**

- Have more than one TRC provider organization at the same school
- Provide psychiatric services
- Serve adolescents in need of mental health services only, although TRCs serve adolescents with co-occurring substance use and mental health conditions
- Authorize a specific number of sessions for early intervention or treatment (duration of treatment is based on ongoing assessment)

## Module 9: School Site Best Practices

Best practices are key to ensuring smooth operations when SchoolLink providers are on school campuses across different districts. Collaboration between providers and school staff is essential, and understanding each district's specific requirements helps ensure compliance and access to students receiving services. Clear and frequent communication supports a successful partnership.

### Best Practices for Providers on School Sites

**Follow the Unique School and District Policies:** Understand and comply with each district's requirements for access, credentials, background checks, and documentation.

- Use the annual meeting as an opportunity to ask about the requirements for coming onto campus. (See Annual School Meeting, Module 3)
- Bring a photo ID
- Make contact with school staff before engaging students or parents/caregivers
- Make contact with school staff again, prior to leaving the school campus

**Be Visible and Professional:** Wear identification, follow dress codes, and conduct yourself professionally to foster trust with school communities.

**Respect School Schedules and Environment:** Coordinate sessions to minimize disruption to academic time and be mindful of school policies and routines.

### Key School System Terminology

- **LEA: (Local Educational Agency)** a local entity that is involved in education, such as a school district, county office of education, or charter school.
- **IEP: (Individualized Education Program)** a plan that outlines the educational needs of a child with a disability.
- **504 Plan:** a document that outlines how a school will support students with disabilities so they can participate in the general education curriculum.
- **SST:** Student Study Team or Student Success Team, a group of educators, often including parents, that meet to develop a plan to support a student experiencing academic or behavioral challenges within the general education classroom to intervene early with strategies to help them succeed.

## Multi-Tiered System of Supports

**MTSS** is an educational framework that provides academic and behavioral support to students by offering tiered levels of intervention based on individual needs:

- **Tier 1** provides core instruction for all students
- **Tier 2** provides targeted interventions for some students showing difficulties
- **Tier 3** offers intensive support for few students requiring significant additional help

## Positive Behavior Intervention Supports

**PBIS** is a framework for supporting schoolwide practices to promote a safe school setting that supports the social, learning, behavioral, and emotional needs of all students.

## Social Emotional Learning

**SEL:** SEL is the process through which young people and adults acquire and apply the knowledge, skills, and attitudes that help us to understand ourselves, connect with others, achieve goals and support our communities.

The five Core Competencies include:

1. Self awareness
2. Self management
3. Social awareness
4. Relationship skills
5. Decision making

## Best Practices for School Site Personnel

- **Promote a Welcoming Environment:** Greet providers, offer guidance as needed, and help them feel like part of the school community.
- **Know the Provider's Role and Credentials:** Ensure all providers are approved, background-checked, and clearly identified as authorized visitors.
- **Establish Clear Points of Contact:** Designate a staff member (e.g., counselor or admin) as the provider's main contact for coordination and support.
- **Maintain Student Confidentiality:** Respect students' privacy and ensure that sessions occur in a confidential, distraction-free space.

## Resources:

- **San Diego County Office of Education:** [Home | San Diego County Office of Education | SDCOE](#) *For more information on SDCOE, please visit Module 15.*
- [Supporting Students - San Diego County Office of Education](#) - **KEY RESOURCE**
- [HHSA- BHS Schools](#) *offers an array of County resources and links to other sites*
- Designed for middle school and high school students, the [Student Wellness Resources webpage](#) gives teens and young adults access to resources that focus on promoting wellness and support. The site offers an array of online and one-on-one interactive resources that are free and can be accessed directly by students. Some schools have placed a QR code on the back of student ID cards that leads to this webpage (in response to [CA SB1063 | 2023-2024](#)).

School districts are governed by a school board, led by a superintendent and supported by San Diego County Office of Education. The schools operate under the umbrella of the district and led by a principal. Schools follow policies set by the district but may also have additional and unique practices for each particular school community – get to know the school community and culture. School administrators shift which makes the Annual Meeting a critical part of partnering with schools.

Did you know that in many schools the vice or assistant principal supports the principal and is often responsible for behavioral issues with students?

## Module 10: Confidentiality

Ideally, families, school staff and behavioral health providers are actively communicating about a student's care. It is important to remember though that there is information in both school and behavioral health records that must be kept confidential. School staff and providers must follow their own confidentiality policies and procedures, which should be discussed at the Annual SchoolLink Meeting.

Below are examples of information that can and cannot be shared. This is not intended to be an exhaustive list, but rather a sample.

### **What information can the behavioral health provider share with school staff?**

- Status of treatment (pending consent, ongoing, completed)
- Treatment goals (increase emotional awareness, learn and practice coping skills, improve frustration tolerance, improve communication)
- Treatment modality (individual, family, and group therapy)
- Whether the student is participating in treatment
- Whether the student is responding to treatment
- Information identified on an authorization to disclose information form signed by the legal guardian

### **What information is the behavioral health provider NOT able to share with school staff?**

- Written treatment records (including drug testing results unless explicitly authorized in written consent)
- Personal or family information disclosed during the session
- Details about what the student does and says during treatment
- Copies of suspected child abuse or neglect reports filed by the provider

### **What information can school staff share with the behavioral health provider?**

- School staff's observations and concerns related to the student
- Information requested on the SchoolLink Referral Form
- Student contact information and class schedule
- School records listed on a signed form authorizing the release of records
- Additional details the family agrees to share as documented on a signed disclosure of information form



**What information is the school staff NOT allowed to share with the behavioral health provider?**

- Open access to school records
- Student Social Security numbers
- Individual Education Plan (IEP). It is fine if the family decides to share this information on their own with the provider.

**Confidentiality**

Finish reading the scenarios, and then answer the questions, **True or False?** Answers can be found at the end of the module.

**SCENARIO 1**

Lyle is providing therapy services to Michelle and is pleased with her progress. He meets with the school counselor and explains that Michelle is practicing two breathing techniques. He notices considerable improvement and expresses how optimistic Michelle is feeling about her treatment plan.

- In this scenario, Lyle has maintained standards of confidentiality. True or False?

**SCENARIO 2**

Lyle is providing therapy services to Michelle and is pleased with her progress. He meets with the school counselor and explains that one of the main reasons Michelle is anxious is that her mom is an unstable alcoholic. She's working to overcome her anxiety, especially in the evening, by practicing two breathing techniques. He notices considerable improvement and expresses how optimistic Michelle is feeling about her treatment plan.

- In this scenario, Lyle has maintained standards of confidentiality. True or False?

**KEY TERMS**

**The Family Educational Rights and Privacy Act (FERPA)** protects the privacy of students' personal records held by 'educational agencies or institutions' that receive federal funds under programs administered by the U.S. Secretary of Education. [FERPA Basics | California School-Based Health Alliance](#)

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule** is a federal law that protects the privacy of patient health information held by ‘covered entities.’ [HIPAA Basics | California School-Based Health Alliance](#)

[Key Points about HIPAA and FERPA in California | California School-Based Health Alliance](#)

### **Answers to Confidentiality Scenarios**

- Scenario 1: *True*
- Scenario 2: *False*

## Module 11: Suicide and Self-Harm Response

Emergency response procedures vary by school district. This information represents key considerations that are critical to review prior to a behavioral health emergency.

### **Policies & Procedures**

At the Annual SchoolLink Meeting, school staff shares a copy of the school's suicide/self-harm policies and procedures with the behavioral health provider. Discuss and clarify any items that are unclear.

### **Roles & Responsibilities**

Schools have a legal duty to supervise their students and ensure they are in a safe, secure and peaceful environment. Behavioral health providers are guests on a school campus who provide students an important service. Providers need to report any concerns and/or information about a crisis situation to school staff immediately. While both teams should work together to help a student in crisis, school staff are ultimately responsible for the student's safety and therefore must lead the response.

### **Provider Response**

If a provider is on-campus and learns a student is verbalizing suicidal ideation, or engaging in self-harm, the provider should immediately ensure the student's safety and then inform the principal or their designee about the situation. The provider may offer support to the student and school staff during a crisis, as requested by the principal or designee.

### **School Response**

The school is legally responsible for the student's safety on their campus, so the principal or their designee is responsible for leading the response to a suicide or self-harm situation and completing the school's emergency procedures.

### **Emergency & Crisis Support Resources**

SchoolLink offers limited crisis response services. In some situations, students may experience a mental health crisis while at school or in the community that requires immediate support. These students may or may not be current Behavioral Health Services clients. To address these urgent needs, schools and communities have access to external crisis response resources, including the Mobile Crisis Response Team (MCRT) and Psychiatric Emergency Response Team (PERT). To learn more about these supports

and how to access them, please visit *Module 11: Psychiatric Crisis Response Teams*. Module 12 reviews School threats and violence responses.

### **911/Psychiatric Emergency Response Team (PERT)**

Request an ambulance or other emergency assistance such as the Psychiatric Emergency Response Team (PERT) who are specially trained officers paired with licensed mental health professionals. Together, they respond on scene to situations involving people experiencing a mental health crisis. [PERT — CRF Behavioral Healthcare](#)

### **Mobile Crisis Response Team (MCRT)**

The Mobile Crisis Response Team (MCRT) Program is a countywide service that offers an alternative to law enforcement response option for people of any age experiencing a mental health or substance use related crisis. MCRTs respond, assess, and de-escalate behavioral health crises in the community and on school campuses. [BHS MCRT](#)

### **Children & Youth Crisis Stabilization Unit (CYCSU)** *Formerly known as Emergency Screening Unit or ESU*

Provides emergency psychiatric services for children and youth under the age of 18 who are Medi-Cal members and experiencing a behavioral health crisis.

**San Diego:** 4309 Third Avenue San Diego, CA 92103 | (619) 876-4502

[Children and Youth Crisis Stabilization Unit](#) (Formerly the Emergency Screening Unit {ESU})

**KEY POINT:** School staff are responsible for leading the response to any threat or action of suicide or self-harm.

### **Suicide Prevention Resources**

**Key Resource:** [Suicide Prevention - San Diego County Office of Education](#)

- [Suicide Prevention Council - Community Health Improvement Partners \(CHIP\)](#)
- [988 Lifeline - If you need emotional support, reach out to the national mental health hotline](#)
- [San Diego Youth Services HERE Now Program](#)

### **Resources**

- [Children and Youth Crisis Stabilization Unit](#)
- [PERT — CRF Behavioral Healthcare](#)

- [BHS MCRT](#)

## Module 12: Psychiatric Crisis Response Teams

Students may experience psychiatric crises that require immediate, specialized intervention. These situations often involve significant emotional distress, safety concerns, or a disruption in the student's ability to function at school.

**Supports are available countywide and may be accessed even when a student is not currently connected to behavioral health services.** School staff play a vital role in ensuring student safety by identifying warning signs and initiating an appropriate response.

**Note:** Emergency response procedures vary by school district. This module provides resources and reminders to help school staff respond effectively to behavioral health emergencies.

### What is a Psychiatric Crisis?

Behavioral health crises can include symptoms not limited to:

- Thoughts of hurting self or others
- Active suicide ideation
- Extreme paranoia (e.g., irrational belief that someone/thing is going to cause harm)
- Dissociation (e.g., feeling that surroundings are unreal, not feeling body or other sensations)
- Active visual or auditory hallucinations directing the student to harm self or others

### Common Signs

- Changes in mood or behaviors that cause concern
- Thoughts of self-harm or suicide
- Sudden changes to hygiene and self-care practices
- Unusual thoughts, sounds, or visions that cause fear or distress

### Mobile Crisis Response Team (MCRT) – *Behavioral Health Crisis Response in Schools*

The Mobile Crisis Response Team (MCRT) is a countywide, non-law enforcement service that provides in-person crisis intervention for individuals of all ages experiencing a behavioral health or substance use crisis. MCRT is available county-wide by contacting

988. Additionally, MCRT can respond to public, charter, and adult schools through a dedicated process made available to schools starting November 2024.

### **How can MCRT help schools?**

Depending on the situation, MCRT can:

- Provide assessments
- Utilize crisis intervention and de-escalation techniques
- Initiate and transport a 5585\* (5150) hold when there is a *not a safety concern*
- Make connections to appropriate behavioral health services and resources, provide initial coordination for treatment services as needed, and follow-up for up to 30 days after initial service

[Mobile Crisis Response Response Team \(MCRT\): Presentation for Schools](#)

### **When to call MCRT**

MCRT may be contacted when a student or anyone on a school campus is experiencing a behavioral health crisis that cannot be safely managed by school staff but **does not require immediate law enforcement or medical intervention**. This may include significant emotional distress, suicidal ideation, or acute mental health symptoms.

To be eligible for MCRT response, the following **safety criteria** must be met:

- No weapons present
- No immediate threat of violence to self or others
- No physical injuries or medical emergencies

If any of these conditions are present, staff should follow district emergency protocols and contact 911 to request the Psychiatric Emergency Response Team (PERT).

### **How can schools access MCRT?**

#### **During school hours:**

- For schools in *Carlsbad, Oceanside, Pendleton, San Dieguito, and Vista*: School personnel should call the direct phone number for **Exodus MCRT: 760-292-8288**.
- For schools in *all other areas of San Diego County*: School personnel should call the direct phone number for **Telecare MCRT: 619-831-6890** (*Passcode: 939690*).

***Please note, these numbers are for school staff only and not intended for the public.***

### **During after-school hours or for community response or emergency services:**

- Call the San Diego Access & Crisis Line (ACL) at 888-724-7240 or 988.

### **911 / Psychiatric Emergency Response Team (PERT)**

Dispatched through 911, the Psychiatric Emergency Response Team (PERT) provides compassionate crisis intervention and linkage services to individuals experiencing a mental health crisis. PERT's mission is to deliver high-quality crisis response to help stabilize the situation and connect individuals to the most appropriate services.

Each PERT team includes a licensed mental health professional and a specially trained law enforcement officer. Together, they respond on-scene to individuals in crisis who have come to the attention of law enforcement. The clinician leads the mental health assessment, and the team works collaboratively to ensure safety and provide a warm handoff to ongoing care.

### **How can PERT help schools?**

PERT can support schools in situations that involve behavioral health concerns along with potential safety risks, such as when a student may need to be assessed for an involuntary hold or when law enforcement presence is necessary. PERT is dispatched through 911 and includes both a licensed mental health clinician and a specially trained officer.

**⚠ PERT is typically contacted when a student's behavior presents a clear risk of harm to self or others, or involves weapons, aggression, or medical emergencies.**

- Provide assessments in collaboration with law enforcement
- Use crisis intervention and de-escalation strategies in situations with safety concerns
- Initiate and transport a 5585 (5150) hold when clinically indicated
- Support coordination with school staff and caregivers and connect students to appropriate behavioral health services

### **How can schools access PERT?**

Schools should call 911 requesting PERT assistance. The dispatcher will assign a PERT unit and a PERT team will be dispatched to the school.



## Consent for Treatment

**Parental Consent:** crisis response teams are trained on all laws related to providing mental health treatment to minors in the State of California, including [Family Code 6924](#), [Health & Safety Code 124260](#), and [Welfare & Institution Code 5585](#). Crisis Response Teams make every effort, when clinically appropriate, for the licensed clinician to notify and involve parents/guardians in treatment in accordance with Family Code 6924.

**5585 (5150):** When clinically appropriate, the licensed clinician will make several attempts to notify the parent/guardian that the student has been placed on an involuntary psychiatric hold for evaluation and the facility that the youth will be taken to.

- Inability to obtain the consent of the minor's parent or legal guardian shall not preclude the involuntary treatment of a minor who is determined to be gravely disabled or a danger to themselves or others.

While SchoolLink services focus on supporting Medi-Cal and unfunded students, MCRT and PERT are available to anyone in the community experiencing a psychiatric crisis - [County Crisis Services](#)

## Module 13: School Threat

### What is a School Threat?

#### School Threats: Introduction

Acts of targeted violence committed by individuals under the age of twenty-one on elementary, middle, and high school campuses have led to the death of dozens of individuals and have escalated in recent years. These incidents do not occur in isolation. The U.S. Secret Service and the Department of Education launched a collaborative effort to determine what could be done to prevent future attacks from occurring and developed the *Safe School Initiative*, publishing the [2004 Final Report](#). Secret Service's [National Threat Assessment Center](#) (NTAC) has also researched and published studies on targeted school violence.

The mission of the local countywide [School Threat Protocol](#) is risk reduction and violence prevention to promote the safety of students throughout the county. This protocol commits San Diego County to a coordinated community response to threats of targeted school violence. The local protocol encompasses all forty-two K-12 school districts and guides how schools, law enforcement and prosecutors respond to school threats, using evidenced-based guidelines for investigation and resolution of the threat.

#### Responding to School Threats: Guidance for Providers

SchoolLink providers are guests on school campuses and operate under the direction of school leadership. When incidents involving school threats occur, it is important to follow school protocols and understand the scope of your role on campus.

#### Providers' Role During School Threat Events

- **Follow School Leadership:** Providers should follow the direction of school administrators during any active threat or post-event recovery.
- **SchoolLink providers are there to support the students receiving SchoolLink services, not to manage the broader campus response.** The County Office of Education (COE) has a specific protocol, working with the school district to support the larger student body in the case of school threat events. At times, COE may request additional behavioral health support from the County. SchoolLink providers may be asked to assist, but only within the defined protocol established by COE, which includes COE communicating the request to County BHS, who then coordinates support with the SchoolLink provider.

## **Managing Real or Perceived Threats**

- Students may be affected even if a threat is not credible. Anxiety, fear, and uncertainty are common reactions.
- If a student on your caseload is experiencing increased distress related to a school threat (real or perceived), provide trauma-informed, short-term support and collaborate with school staff as needed.
- In cases where a student you serve is identified as having made a threat, consult your supervisor immediately and follow your agency's internal policies. Therapeutic support may still be appropriate and can be a critical part of risk reduction, care planning, and emotional stabilization.

## **Understanding Ongoing Student Anxiety Around School Threats**

Many students experience heightened anxiety related to school threats, even when those threats are not credible or have been resolved. This anxiety is often compounded by regular lockdown drills, media coverage of school violence, and past traumatic experiences. For some youth, especially those with existing mental health concerns, the fear of a potential incident can lead to chronic stress, hypervigilance, difficulty concentrating, or avoidance of school altogether. It's important to validate these fears, provide accurate information, and equip students with coping strategies to manage their anxiety while reinforcing that schools have safety protocols in place.

### **Symptoms of increased anxiety around school threat:**

- Increased irritability or emotional outbursts
- Sleep disturbances (trouble falling or staying asleep, nightmares)
- Avoidance behaviors, such as reluctance or refusal to attend school
- Somatic complaints (headaches, stomachaches with no medical cause)
- Hypervigilance or being easily startled
- Difficulty concentrating or staying focused in class
- Withdrawal from peers or activities they once enjoyed
- Repetitive questioning or seeking constant reassurance about safety
- Heightened sensitivity during lockdown or safety drills

- Expressions of hopelessness, fear, or fatalistic thinking about school safety

SchoolLink providers play a vital role in maintaining a safe and supportive school environment by **staying vigilant** for any signs of potential threats or danger on campus. It is important to consistently **Look** for unusual behavior, **Read** students' verbal and written communication for warning signs, and **Listen** closely to what students share or express through their emotions and interactions. If anything seems suspicious or concerning, it is essential to promptly discuss it with your supervisor to ensure the safety and well-being of all students and staff.

## **LOOK**

- **APPEARANCE**

EMULATION: Dressing like or idolizing past mass shooters or violent figures.

- **BEHAVIOR**

CHANGE: Sudden withdrawal or new interest in violent or dark content.

PROBING: Testing school boundaries or security responses.

REHEARSAL: Acts of cruelty (e.g., harming animals or peers) as a trial run for violence

## **READ:**

- **VERBAL STATEMENTS**

STATED/IMPLIED: Pay attention to what is said – but also what is implied or hinted at.

ANNOUNCEMENT: Take all threats seriously – attacks may be publicly announced and need to be clearly ruled out.

- **SOCIAL IMAGE**

If others nickname someone "the school shooter" don't ignore it – it could mean they are exhibiting behavioral indicators of violence that others find scary.

## **LISTEN:**

- **INTERNET AND SOCIAL MEDIA**

RESEARCH: Repeated searches or deep interest in past school shootings.

DON'T EXPLAIN IT AWAY: Ask directly about concerning material; do not assume it is harmless.

CONSUMPTION IS KEY: What someone researches online is an indicator of true interests and aspirations.

- **WRITING/SCHOOL PROJECTS**

LEAKAGE: Projects or papers may reference mass violence. Ask students directly why they are interested in this material.

### **Referrals Following School Threat Incidents**

Students impacted by school threats as well as students identified as potential threats may be appropriately referred to SchoolLink providers. Students who are involved in incidents or pose potential concerns may be referred to SchoolLink for follow-up support after the school has addressed immediate safety needs. Referrals should follow the established school-site process, including communication with designated staff (such as the school counselor, administrator, or mental health lead). SchoolLink providers should confirm that referred students are appropriate for services within the scope of the program and consult with their clinical supervisors as needed.

### **Helpful Links:**

- [School Safety - San Diego County Office of Education](#)
- [How to Talk With Kids About School Threats | post](#)
- [Helping Children Cope with Terrorism - Tips for Families & Educators](#)
- [Sandy Hook Promise](#)

## Module 14: Special Education

It is common to be confused about whether a student should be referred for County-funded behavioral health or special education services through the school district since both offer behavioral health services. One of the key eligibility criteria for special education services is that the student has related school performance issues.

### **Qualifying Disabilities for Special Education**

The Individuals with Disabilities Education Improvement Act (IDEA 2004) is the federal law that provides for the education of children with disabilities. IDEA identifies the following 13 disabilities that may qualify school-age children for special education services:

1. Autism
2. Deafness
3. Blindness
4. Emotional disturbance
5. Hearing impairment
6. Traumatic brain injury
7. Intellectual disability
8. Multiple disabilities
9. Orthopedic impairment
10. Other health impairment
11. Specific learning disability
12. Speech or language impairment
13. Visual impairment

Having one of these 13 disabilities does not necessarily make a student eligible for special education services. Many children have disabilities, but they do not need extra educational assistance or individualized programming because they are doing well in school.

On the next page you will find basic information about special education eligibility criteria and processes. Please refer to your school district's special education policy for additional information.

## **Key Terms:**

**Individuals with Disabilities Education Act (IDEA):** IDEA is a federal law that requires school districts to provide a “free appropriate public education” to eligible children with disabilities.

**Individualized Education Plan (IEP):** An IEP is a written document developed for every student receiving special education services. The IEP details specialized instruction and related services designed to meet that student’s unique needs.

**Educationally Related Services (ERS):** ERS are provided to students with IEPs who demonstrate behavioral health issues impacting their ability to learn. ERS are not restricted to students who have “emotional disturbance” as their identified disability. ERS must be included in the IEP and can include individual counseling, parent counseling, social work services, psychological services, and residential treatment.

**504 Plan:** A 504 plan is developed for students who do not need specialized instruction or meet the criteria for an IEP, but still need accommodations and/or modifications in a regular classroom setting. 504 plans are monitored by classroom teachers. Examples of 504 accommodations include preferential seating, extended time on tests and assignments, verbal, visual, or technology aids, and behavior management support.

**Student Study Team (SST):** SSTs help students having difficulty in the regular classroom by examining their academic, behavioral and social-emotional progress and designing a support system. The team usually consists of a teacher, administrator, and support personnel from the school.

**Assembly Bill (AB) 114:** AB 114 changed the process by which students in Special Education receive mental health services. Previously, under AB 3632, county mental health departments provided services. Under AB 114, all California school districts are solely responsible for ensuring that students with disabilities, as designated by their Individualized Educational Plan (IEP), receive the mental health services necessary to benefit from a special education program. School districts meet the AB 114 requirements by:

- Hiring mental health professionals and providing services through these staff.
- Contracting with community mental health agencies or other qualified professionals to provide services.
- Partnering with county behavioral health departments to leverage existing services or contract for additional services.

## **Emotional Disturbance**

IDEA defines emotional disturbance as a condition exhibiting one or more of the following conditions over an extended period, to a marked degree, that have an adverse effect on educational performance, even after supportive assistance has been provided. Below are conditions of emotional disturbance.

Source: <https://www.parentcenterhub.org/emotionaldisturbance/>

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems

## **Referrals to Special Education Services**

Most schools have a multi-step process for referrals to special education. Collaboration and consultation between providers and school personnel is highly encouraged.

### **Step 1: Teachers & School Counselors**

Providers should first collaborate and address special education related concerns with teachers and school counselors. Providers may also encourage guardians to discuss concerns directly with their child's teacher or school counselor. Teachers may provide targeted classroom interventions to address concerns. School Counselors may trigger additional levels of support to include but not limited to Student Study Team Meetings, Response to Intervention (RTI) strategies, 504 Meetings, and other supports.

### **Step 2: School Psychologists**

If additional support is needed, providers may consult with the School Psychologist. Providers may encourage guardians to consult with the School Psychologist as well.

### **Step 3: Special Education Assessment Request**

Guardians may request a special education assessment at any point and are encouraged to submit the assessment request in writing to the teacher, school psychologist, or principal.



- If families need additional support, they can contact the school district directly, or the Special Education Local Plan Areas (SELPA) that represents the district. Details and contact information can be found on the [SELPA's webpage](#).

#### **Step 4: Special Education Assessment Process**

Once a student is formally referred for special education assessment, the school district will:

- Within 15 days, provide a Prior Written Notice (PWN) to the guardian indicating whether the district will assess the student for special education services, and the associated reasons.
- If the district agrees with the assessment request, an assessment plan will be provided to the guardian along with the PWN.
- The guardian needs to sign and return the assessment plan within 15 Days.
- The district has 60 days from receipt of the signed assessment plan to complete a comprehensive assessment in all suspected areas of disability and hold an IEP meeting.

#### **Step 5: Special Education Determination**

Once the special education assessment is complete, the District will schedule an Individualized Education Plan (IEP) meeting.

- If the student is found eligible for special education services, school staff will develop an IEP.
- The guardian has the right to consent to all, part or none of the IEP components. IEPs are only implemented with guardian consent.
- IEPs are reviewed annually, and the assessment process is repeated every 3 years.
- Starting July 1, 2025, AB 438 requires IEP teams to begin transition planning at the start of high school, if appropriate, instead of waiting until age 16.
- IDEA and the California Education Code provide several educational rights and procedural safeguards for guardians of children with disabilities.

#### **Common Issue:**

It is important for behavioral health providers to be very aware of their limited role in the IEP process. If invited to participate in a special education evaluation, eligibility meeting or IEP meeting, the provider should limit their input to their observations, diagnoses, and

treatment experience with the student. It is not the role of the provider to suggest special education services during the IEP process because it is an educational, rather than behavioral health, process.

**Resources:**

- [California School-Based Health Alliance: Overview of School Behavioral Health](#)
- [Student Mental Health Implementation Guide | California School-Based Health Alliance](#)
- [San Diego Unified School District – Special Education](#)
- [California Department of Education – Notice of Procedural Safeguards](#)
- [Center for Parent Information and Resources- Emotional Disturbance](#)
- [U.S. Department of Education’s IDEA](#)
- [alfrEDU App- Accessing & Leveraging Families Rights to Education](#)
- [Understood: For Learning and Attention Issues](#)
- [TASK – Helps families navigate special education, disability services and assistive technology](#)

## Module 15: Outreach & Engagement

Behavioral health providers are responsible for raising awareness about SchoolLink services through continuous outreach to school staff and families.

### Effective Strategies

At the Annual SchoolLink Meeting, providers should develop an ongoing outreach plan that informs school staff and families about available services and the referral process.

*Learn about the best ways to outreach to school staff.*

### In-Person Communication

Providers should regularly engage with school staff. Periodically schedule in-person meetings to remind school staff about available services and answer questions.

### Attendance at School Meetings & Events

Providers should regularly attend school meetings and events, including All Staff Meetings and Department Meetings.

### Distribution of Flyers

Distribute SchoolLink flyers in the main office, counseling office, teachers' lounge and other locations where school staff gather. All materials must be approved by the school prior to distribution.

### Other Communication Methods

Providers can make phone calls, send emails and/or distribute fliers to school staff to reinforce the referral process, answer questions and highlight available services.

### Explore the Best Ways to Outreach Families

- **Meetings & Events:** Providers should inquire about attending Open Houses, Back-to-School Nights, Teacher/Parent Nights, "Coffee with the Principal," Community Events, PTA meetings and Parent/Teacher conferences and other school events.
- **Brochures & Flyers:** Place brochures in key locations in the school, including the main office, counseling offices, other offices and parent waiting areas. Brochures can also be sent home with students. All materials must be approved by the school prior to distribution.
- **School Newsletter & Other Announcements:**  
Providers can supply program information for the school newsletter, emails,

automated phone calls or other relevant announcement systems with school approval.

**Key Points:**

- Outreach and engagement is necessary to maintain awareness and generate enough SchoolLink referrals to sustain services at the school site.
- It is a good idea to periodically review these activities and determine which were effective in helping students and families in need connect to SchoolLink services.

**Resources**

[SchoolLink Flyer](#)

## Module 16: Add/Remove SchoolLink or Change Provider

Requests to add, remove or change behavioral health provider organizations can be initiated by a school district or provider organization and are approved by the County of San Diego's Behavioral Health Services' Administration (County).

School districts have the authority to dismiss a provider from a school at any time; however, a replacement provider is not guaranteed.

### **To Add a School:**

1. The request must include data detailing the number of enrolled students and percentage of the school eligible for Medi-Cal or free and reduced lunch.
  - The school district and school must commit to the SchoolLink thresholds (Module 5)
  - It is common, but not required, that the district connects with a provider they would like to work with about their capacity to add a school and includes this information in their request.
  - Provider organization may submit the request on behalf of the school district.
2. The County reviews the request and makes a determination based on:
  - Total school enrollment
  - Medi-Cal and free/reduced lunch population - [Free or Reduced-Price Meal \(Student Poverty\) Data \(CA Dept of Education\)](#)
  - Student, parent and community demographics and needs, such as primary language
  - Number of students likely to meet SchoolLink eligibility criteria
  - Availability of confidential therapy space
  - Program funding and provider/system capacity to add another school
3. If the County approves the request, they will assign a provider organization based on 'district choice' and provider availability.
4. The school district and the provider organization execute a Memorandum of Understanding (MOU) authorizing the provider organization to provide services on their school campus(es).
5. The school district, school staff and provider hold an initial Annual SchoolLink Meeting to discuss process and plan the initiation of services.

### **To Remove a School:**

1. The school district, school, provider organization, or County may suggest that SchoolLink services are no longer necessary at a school site and communicates this concern to all parties.
2. The County leads all parties in a dialog to clarify the rationale for removing services and determine the course of action.
3. The County and the provider organization will discuss the impact of the change on their contract and identify necessary next steps.

### **To Change a Provider Organization:**

1. If a school has issues with their provider or provider organization, they should first reach out to the provider organization's leadership to discuss their concerns. School leadership can ask their district's point person for behavioral health services for assistance with this discussion if needed.
  - If a provider has issues with their school, they should first reach out to the school leadership to discuss their concerns.
2. If the concerns cannot be resolved between the two parties directly, the provider and school leadership should contact the school district's point person for behavioral health services who can contact the county monitor, on behalf of the school district, to request a change in provider.
3. The County will:
  - Review the rationale and barriers to continue services at the school and/or with the current provider;
  - Determine whether a change is warranted and if so, assign a new provider when one is available.

### **Who is the County Monitor?**

For a list of county monitors and their contact information, go to the Directory for all Youth Services, County points of contact.

[Behavioral Health Services for Children, Youth, and Families](#)

## Module 17: San Diego County Office of Education

The [San Diego County Office of Education \(SDCOE\)](#) is the county-level education agency that supports the region's 43 school districts, 130+ charter schools, and several specialized student programs, serving approximately 780 schools and 480,000 students. SDCOE acts as a bridge between the California Department of Education and local schools by providing guidance, resources, and direct services. It also operates programs for students with the greatest needs, including youth in foster care, juvenile justice, or experiencing homelessness, through its Juvenile Court and Community Schools.

### San Diego Board of Education Goals

SDCOE is guided by its North Star: *To reduce poverty and increase belonging through public education.*

The San Diego County Board of Education has established four goals to guide this work:

1. Connect education to careers and workforce needs
2. Provide targeted support and opportunities to underserved students
3. Demonstrate leadership and scale innovation
4. Maximize resources and foster a strong organizational culture

### SDCOE's 2025-30 Strategic Priorities

To support SDCOE's North Star goals, SDCOE's 2025-30 Strategic Plan centers on two key priorities:

1. **Foster Belonging:** transform internal policies and structures to build trust, collaboration, inclusivity, transparency, and equity across SDCOE staff, students, families, and partners
2. **Improve Student Outcomes:** champion shared responsibility for student success through transformative, equity driven educational experiences.

These priorities are supported by seven outcome goals focused on building a culture of belonging, transparency, and growth within SDCOE, while advancing student achievement, sense of belonging in schools, and college and career readiness across the region. To learn more, SDCOE's Strategic Plan 2025-30 can be found [English](#) and [Spanish](#).

## **Partnership with Schools**

SDCOE collaborates with school districts and charter schools across San Diego County, providing curriculum guidance, professional development, special education support, safety planning, and fiscal oversight.

They also help districts implement systems such as Multi-Tiered System of Supports (MTSS), social-emotional learning, restorative practices, and college and career readiness strategies. Through these partnerships, SDCOE enhances outcomes for all students, especially those facing systemic challenges.

### **Community Schools**

SDCOE supports more than 150 Community Schools across the region as a Regional Technical Assistance Center for the California Community Schools Partnership Program.

Through partnerships with HHSA, local organizations, and families, Community Schools create stronger connections between students and the support systems around them. The goal is to ensure students feel safe, seen, and supported so they can fully engage in learning.

These campuses serve as hubs where students and families can access mental health care, physical health services, academic support, and other community resources, all in one place.

### **Essentials for Community School Transformation**

## **Partnership with Health & Human Services Agency**

SDCOE works closely with the County of San Diego's Health and Human Services Agency and is a recognized Live Well Partner.

## **Live Well San Diego**

- [Schools](#)
- [Live Well Schools](#)
- [Tools for Schools](#)
- [Live Well Schools Program Map](#)
- [Education](#)
- [Live Well San Diego Youth Sector](#)



## **SDCOE Resources**

### **Special Populations:**

- [Substance Use Prevention and Education](#)
- [LGBTQIA+ Youth](#)
- [Refugee and Immigrant Newcomer Families](#)
- [Migrant Education](#)
- [Foster Youth](#)
- [Homeless Youth](#)
- [English Learners](#)
- [Early Education](#)
- [Military Families](#)
- [Special Education](#)

### **Key Resources:**

- [San Diego County Office of Education](#)
- [Supporting Students](#)
- [Community Schools](#)
- [Health and Well-Being](#)
- [Family and Community Engagement](#)
- [School Climate](#)
- [School Safety](#)
- [Substance Abuse Prevention and Education](#)

## Module 18: Links to Resources

The [SchoolLink San Diego](#) modules are intended to be utilized as a manual that guides behavioral health services providers and schools on key elements for delivering school-based services in partnership with the County of San Diego. It is designed as individual modules that allow for quick reference for key topics. This final module pulls forward all the links offered throughout the manual.

### Introduction – Module 1

- [Behavioral Health Services for Youth in San Diego County Poster](#)
- [SchoolLink San Diego Website](#)
- [SchoolLink Manual July 2025](#)

### Prevalence – Module 2

- [Youth Topics | Youth.gov](#)
- [About Children's Mental Health | Children's Mental Health | CDC](#)
- [Mental Health By the Numbers | National Alliance on Mental Illness \(NAMI\)](#)
- [Mental Health and Suicide Risk Among High School Students and Protective Factors — Youth Risk Behavior Survey, United States, 2023 | MMWR](#)
- [School-Community Partnerships | MDRC](#)

### Access & Eligibility – Module 3

- [CYBHI Fee-Schedule program](#)
- [SchoolLink San Diego](#)
- [Behavioral Health Information Notice No: 21-073](#)
- **[Behavioral Health Services Directories for Children, Youth, and Families - SHARE](#)**
- <https://findahealthcenter.hrsa.gov/>
- [EQHC List Public](#)
- [ACL](#)
- [San Diego County Medi-Cal Program website](#)

- [Medi-Cal Managed Care Plans \(MCP\) Contact Card](#)
- [Home - 211 San Diego](#)

#### **Annual School Meeting – Module 4**

- [School Link San Diego](#)
- [School Link Manual July 2025](#)

#### **SchoolLink Documents:**

- [Annual Agenda](#)
- [Annual Plan](#)
- [Monthly Communication Log](#)
- [Excel Sorting Instructions](#)
- [Referral Form](#)
- [Service Structure](#)
- [School Link Flyer](#)
- [BHS Poster](#)

#### **SchoolLink Thresholds – Module 5**

- [HHSA-BHS SchoolLink Threshold Guidelines Memo 7.1.2019](#)
- [SchoolLink Threshold Letter to School Administrators 8.1.2019](#)

#### **Referral, Screening, Assessment, & Consent – Module 6**

- [SchoolLink Monthly Communication Log](#)
- [School Link Referral Form](#)
- [BHIN 24-046 Minor Consent to Outpatient Mental Health Treatment or Counseling](#)
- [AB 665 Minor Consent Mental Health Services Fact Sheet - The Children's Partnership](#)
- [AB 665 Fact Sheet 4.1](#)
- [Medi-Cal Minor Consent Services \(medi ca minor\)](#)

- [Eligibility and Minor Consent Flyer.pdf](#)

## **Treatment – Module 7**

- [SchoolLink Monthly Communication Log](#)

## **Teen Recovery Centers – Module 8**

- [Teen Recovery Centers \(TRC\)](#)
- [Early Intervention](#)
- [Medication for Addiction Treatment \(MAT\)](#)
- [Code of Federal Regulations, Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records](#)

## **School Site Best Practices – Module 9**

- [Home | San Diego County Office of Education | SDCOE](#)
- **[Supporting Students - San Diego County Office of Education](#) – KEY RESOURCE**
- [HHSA- BHS Schools](#)
- **[Student Wellness Resources webpage](#) - ([CA SB1063 | 2023-2024](#)) – SHARE WITH STUDENTS**

## **Confidentiality – Module 10**

- [HIPAA Basics | California School-Based Health Alliance](#)
- [FERPA Basics | California School-Based Health Alliance](#)
- [Key Points about HIPAA and FERPA in California | California School-Based Health Alliance](#)

## **Suicide & Self-Harm Response – Module 11**

- [PERT – CRF Behavioral Healthcare](#)
- [BHS MCRT](#)
- [Children and Youth Crisis Stabilization Unit](#)
- **[Suicide Prevention - San Diego County Office of Education](#) – KEY RESOURCE**
- [Suicide Prevention Council - Community Health Improvement Partners \(CHIP\)](#)

- [988 Lifeline - If you need emotional support, reach out to the national mental health hotline](#)
- [San Diego Youth Services HERE Now Program](#)

### **Psychiatric Crisis Response Teams – Module 12**

- [Mobile Crisis Response Team \(MCRT\)](#)
- [Mobile Crisis Response Team \(MCRT\): Presentation for Schools](#)
- [911 / Psychiatric Emergency Response Team \(PERT\)](#)
- **Crisis Response Parental Consent:** [Family Code 6924](#), [Health & Safety Code 124260](#), and [Welfare & Institution Code 5585](#)
- [County Crisis Services](#)

### **School Threat – Module 13**

- [\*\*School Safety - San Diego County Office of Education - KEY RESOURCE\*\*](#)
- [School Threats Resource SDCOE](#)
- [Helping Children Cope With Terrorism](#)
- [Microsoft Word - Divider-School Safety Summit](#)
- [Sandy Hook Promise](#)

### **Special Education – Module 14**

- <https://www.parentcenterhub.org/emotionaldisturbance/>
- [SELPA's webpage](#)
- [California School-Based Health Alliance: Overview of School Behavioral Health](#)
- [San Diego Unified School District – Special Education](#)
- [California Department of Education – Notice of Procedural Safeguards](#)
- [Center for Parent Information and Resources- Emotional Disturbance](#)
- [U.S. Department of Education's IDEA](#)
- [Student Mental Health Implementation Guide | California School-Based Health Alliance](#)

- [alfrEDU App- Accessing & Leveraging Families Rights to Education](#)
- [Understood: For Learning and Attention Issues](#)
- [TASK – Helps families navigate special education, disability services and assistive technology](#)

### **Outreach & Engagement – Module 15**

- [SchoolLink Flyers](#)

### **Add, Remove SchoolLink, or Change Provider Organizations – Module 16**

- [Behavioral Health Services for Children, Youth, and Families](#) – **lists county monitors**
- [Free or Reduced-Price Meal \(Student Poverty\) Data \(CA Dept of Education\)](#)

### **San Diego County Office of Education – Module 17**

- [San Diego County Office of Education \(SDCOE\)](#)
- [SDCOE Strategic Plan 2025-30](#)
- [Community Schools - San Diego County Office of Education](#)

### **Live Well San Diego**

- [Schools](#)
- [Live Well Schools](#)
- [Tools for Schools](#)
- [Live Well Schools Program Map](#)
- [Education](#)
- [Live Well San Diego Youth Sector](#)

### **Special Populations**

- [Substance Use Prevention and Education](#)
- [LGBTQIA+ Youth](#)
- [Refugee and Immigrant Newcomer Families](#)
- [Migrant Education](#)

- [Foster Youth](#)
- [Homeless Youth](#)
- [English Learners](#)
- [Early Education](#)
- [Military Families](#)
- [Special Education](#)

### **Key Resources**

- [San Diego County Office of Education](#)
- [Supporting Students](#)
- [Community Schools](#)
- [Health and Well-Being](#)
- [Family and Community Engagement](#)
- [School Climate](#)
- [School Safety](#)
- [Substance Abuse Prevention and Education](#)

**Key Point:** Take the time to explore the [Supporting Students - San Diego County Office of Education](#)

### **SchoolLink Links to Resource – Module 18**

[SchoolLink Manual – 2025](#)



# Annual SchoolLink Meeting Agenda



School: <a href="#">Click here to enter text.</a>	Date: <a href="#">Click here to enter text.</a>
<b>Attendees:</b>	
Principal or designee: <a href="#">Click here to enter text.</a>	School Psychologist: <a href="#">Click here to enter text.</a>
Counselor or Nurse: <a href="#">Click here to enter text.</a>	SchoolLink Provider: <a href="#">Click here to enter text.</a>
District Liaison (optional): <a href="#">Click here to enter text.</a>	SD County BHS COR (optional): <a href="#">Click here to enter text.</a>
School is offering fee schedule services: <input type="checkbox"/> Yes <input type="checkbox"/> No	CYBHI Fee Schedule Provider (optional): <a href="#">Click here to enter text.</a>

## 1. Provide SchoolLink Overview

- ☐ Background
- ☐ School Protocols
- ☐ SchoolLink Protocols
- ☐ Ongoing and annual threshold expectations
- ☐ Discuss all behavioral health services on campus and how to avoid duplication

## 2. Review Previous School Year

- ☐ Successes and Challenges
- ☐ Referral numbers, wait times, communication, etc.

## 3. Complete the SchoolLink Annual Plan

- ☐ SchoolLink Provider and School Site Liaisons (primary and secondary)
- ☐ Access and Space
- ☐ Referral Process
- ☐ Communication Log
- ☐ Outreach Plan

## 4. Update the Referral Form for SchoolLink Services Template

- ☐ Distribute updated referral form to School Site points of contact

## 5. Review SchoolLink Provider and School Staff documents

### Documents for Provider to bring/review:

1. SchoolLink Annual Plan\*
2. Memorandum of Understanding between the provider and the school district
3. SchoolLink brochure\*
4. Provider brochure
5. Behavioral Health Services Access Poster \*
6. Referral Form for SchoolLink Services\*
7. Monthly Referral Communication Log\*
8. SchoolLink Service Structure\*
9. SchoolLink Threshold Guide\*

\*Download forms from [SchoolLink San Diego](#)

### Documents for School Staff to bring/review:

1. School Calendar and Hours
2. List of key school personnel with phone numbers and extensions
3. Emergency policies and procedures
4. Suicide/Self Harm policy and procedure
5. School threat protocol
6. Substance Possession/Use Policy and Procedure
7. Any other relevant school policies or procedures that the provider needs to know





# SchooLink Annual Plan

To be used in conjunction with SchoolLink Annual Meeting Agenda



<b>School:</b> <a href="#">Click here to enter text.</a>	<b>SchoolLink Provider:</b> <a href="#">Click here to enter text.</a>
<b>Date:</b> <a href="#">Click here to enter text.</a>	<b>School Year:</b> <a href="#">Click here to enter text.</a>
<b>Attendees:</b> <a href="#">Click here to enter text.</a>	

## 1. School Liaisons

The **primary liaison** is responsible for answering referral questions from staff and parents, and reinforcing the referral process. The **secondary liaison** serves as backup if the primary liaison is unavailable.

Primary school liaison (name/title): <a href="#">Click here to enter text.</a>	
Email: <a href="#">Click here to enter text.</a>	Phone: <a href="#">Click here to enter text.</a>
Secondary school liaison (name/title): <a href="#">Click here to enter text.</a>	
Email: <a href="#">Click here to enter text.</a>	Phone: <a href="#">Click here to enter text.</a>

## 2. SchoolLink Provider

Onsite Provider (name/title): <a href="#">Click here to enter text.</a>	
Email: <a href="#">Click here to enter text.</a>	Phone: <a href="#">Click here to enter text.</a>
Provider's Supervisor (name/title): <a href="#">Click here to enter text.</a>	
Email: <a href="#">Click here to enter text.</a>	Phone: <a href="#">Click here to enter text.</a>

## 3. School Access and Space

➤ What are the school access procedures?	
Parking: <a href="#">Click here to enter text.</a>	Sign in/out: <a href="#">Click here to enter text.</a>
After school hours: <a href="#">Click here to enter text.</a>	
Other: <a href="#">Click here to enter text.</a>	
➤ Where will the SchoolLink provider meet with students?	
Primary: <a href="#">Click here to enter text.</a>	Backup: <a href="#">Click here to enter text.</a>
School break: <a href="#">Click here to enter text.</a>	
➤ Other Behavioral Health Resources/Providers on campus: <a href="#">Click here to enter text.</a>	
CYBHI Fee Schedule provider? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact information: <a href="#">Click here to enter text.</a>	
Services offered and how those services differ from SchoolLink services: <a href="#">Click here to enter text.</a>	

## 4. Referral Process:

➤ Who at the school can make referrals (i.e. complete and submit the referral form?)	
<input type="checkbox"/> Counselors <input type="checkbox"/> School psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Teachers <input type="checkbox"/> Others: <a href="#">Click here to enter text.</a>	
➤ Do all referrals need to be funneled through the primary liaison? <input type="checkbox"/> YES <input type="checkbox"/> NO	
➤ How does the school log referrals (Write "N/A" if not applicable): <a href="#">Click here to enter text.</a>	
➤ How will school referral forms be given to the SchoolLink provider?	
<input type="checkbox"/> In person to secure location (insert location): <a href="#">Click here to enter text.</a>	
<input type="checkbox"/> By secure fax to (insert fax number): <a href="#">Click here to enter text.</a>	
<input type="checkbox"/> Encrypted email (insert email address): <a href="#">Click here to enter text.</a>	
<input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	
➤ How should the SchoolLink provider handle urgent situations? <a href="#">Click here to enter text.</a>	

Referral Process:

Initial Contact	Steps	Person Responsible
Example: Teacher, case manager, or parent will contact school counselor (A-L=Garcia; M-Z=Johnson)	1. School counselor will get permission from parent and fill out referral form.	School Counselor



# SchoolLink Annual Plan

To be used in conjunction with SchoolLink Annual Meeting Agenda



	2. School counselor will fax referral to XXAGENCYXX office. Fax (619) XXX-XXXX  Primary liaison will put referral in binder in principal's office after faxing the documents.	
Click here to enter text.	Click here to enter text.	Click here to enter text.

## 5. SchoolLink Monthly Communication Log:

SchoolLink Provider will forward the monthly communication log by the [Click here to enter text.](#) (date) of the month.

➤ To whom should the monthly communication log from the SchoolLink provider be forwarded?

☐ Primary Liaison ☐ Secondary liaison ☐ Other: [Click here to enter text.](#)

➤ How should these reports be delivered?

• ☐ In person to secure location (insert location): [Click here to enter text.](#)

☐ By secure fax to (insert fax number): [Click here to enter text.](#)

☐ Encrypted email (insert email address): [Click here to enter text.](#)

☐ Other: [Click here to enter text.](#)

➤ How will the recipient share information with other referrers or school personnel? [Click here to enter text.](#)

➤ SchoolLink Threshold Goals (sufficient referrals for a minimum 10 clients annually and 5 active at all times):

Confirmed commitment: [Click here to enter text.](#)

If referrals are low, action school will take to address barriers: [Click here to enter text.](#)

If referrals are low, action SchoolLink provider will take to address barriers: [Click here to enter text.](#)

➤ Review of Last School Year's SchoolLink Threshold Data:

Total referrals for SchoolLink services: [Click here to enter text.](#)

Total students provided SchoolLink services on campus: [Click here to enter text.](#)

Barriers if thresholds not met: [Click here to enter text.](#)

What worked well and should continue? [Click here to enter text.](#)

## 6. Outreach Plan:

NOTE: In addition to the activities listed below, new outreach opportunities may come up during the school year. The School Liaison will inform the SchoolLink Program Manager as these opportunities present themselves.

List the dates and times of **key school personnel meetings** that the SchoolLink provider should plan to attend to increase awareness about SchoolLink services (i.e. All-Staff Meetings, Student Study Team/Instructional Study Team (SST/IST) Student Meetings, or assemblies).

Date(s)/Time(s):	Meeting:
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

List the dates and times of **parent meetings** that the SchoolLink provider should plan to attend for purposes of outreach (i.e. Open House, Back-to-School Night, Teacher/Parent night, PTA meetings, open houses, community fairs, and other district/school/family/community events.)



# SchoolLink Annual Plan

To be used in conjunction with SchoolLink Annual Meeting Agenda



Date(s)/Time(s):	Meeting:
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

## 7. Approved SchoolLink Staff Schedules and Services:

Name/Title:	Role:	Days/Hours/ Contact	Eligibility (Insurance)	Services Provided	Caseload
Example: Mary Garcia, LCSW intern, "Mrs. Garcia"	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	M/W/F: 10am-2pm Email: <a href="#">Click here to enter text.</a>	Medi-Cal	Individual, group, and family therapy	Current caseload: <a href="#">Click here to enter text.</a> ; Can see up to <a href="#">Click here to enter text.</a> students
<a href="#">Click here to enter text.</a>	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	Current caseload: <a href="#">Click here to enter text.</a> ; Can see up to <a href="#">Click here to enter text.</a> students
<a href="#">Click here to enter text.</a>	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	Current caseload: <a href="#">Click here to enter text.</a> ; Can see up to <a href="#">Click here to enter text.</a> students

### Key School Support (counselor, psychologist, paraprofessional, etc.)

Name/Title:	Days/Hours	Contact
Example: Laura Smith, MSW, School Counselor	M/W: 9am-2pm	Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

➤ NOTE: If key personnel or schedules change, please notify partners accordingly.

➤ Give a copy of this worksheet to:

☐ School Principal or designee

☐ SchoolLink Provider:

☐ Other meeting attendees as applicable: [Click here to enter text.](#)

## 8. Notes

Additional information/comments: [Click here to enter text.](#)

## 9. Meeting Participants

SchoolLink		School		Other	
Name	Title/Role	Name	Title/Role	Name	Title/Role
<a href="#">Click to enter text.</a>	<a href="#">Click to enter text.</a>	<a href="#">Click to enter text.</a>	<a href="#">Click to enter text.</a>	<a href="#">Click to enter text.</a>	<a href="#">Click to enter text.</a>
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**Is your child struggling with concerns at school  
or home?**

**Is your child sad, withdrawn or acting out?**

**SchoolLink services are available to help.**

#### **ABOUT**

SchoolLink is a partnership between the County of San Diego (County) and local school districts to provide County-funded behavioral health services to students.

- Services are provided at no or low cost to the family
- No one is turned away due to inability to pay
- Services can be provided during or outside of school hours, on-campus, in a community setting or via telehealth, based on the student's and families needs.

#### **SERVICES**

**An individualized plan is developed for every student, based on their needs. Services are offered in many languages and can include:**

- Mental health & substance use treatment
- Individual, family and group therapy
- Medication support
- Case management
- Collateral services
- Rehabilitative services

#### **ELIGIBILITY**

SchoolLink providers can provide a free screening to determine eligibility. In general, the student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal. In addition, the student must be:

- Medi-Cal enrolled; or
- Low income and uninsured; or
- Low income and underinsured



#### **HOW DO I ACCESS SCHOOLINK?**

Families can contact the SchoolLink provider or designated school staff and request an assessment.

School staff can refer students with parent/guardian consent to their SchoolLink provider via phone.

#### **WHAT IF I AM NOT SURE IF SCHOOLINK SERVICES ARE RIGHT FOR MY STUDENT?**

SchoolLink staff are available for informal phone, video or in person meetings with students and their families to share information and answer questions prior to making a referral. To arrange an informal meeting, contact the SchoolLink provider.

Additional information and SchoolLink referrals are also available through the San Diego County Access & Crisis Line

**888-724-7240**

7 days a week | 24 hours

[Behavioral Health Services Directories for Children, Youth, and Families](#)



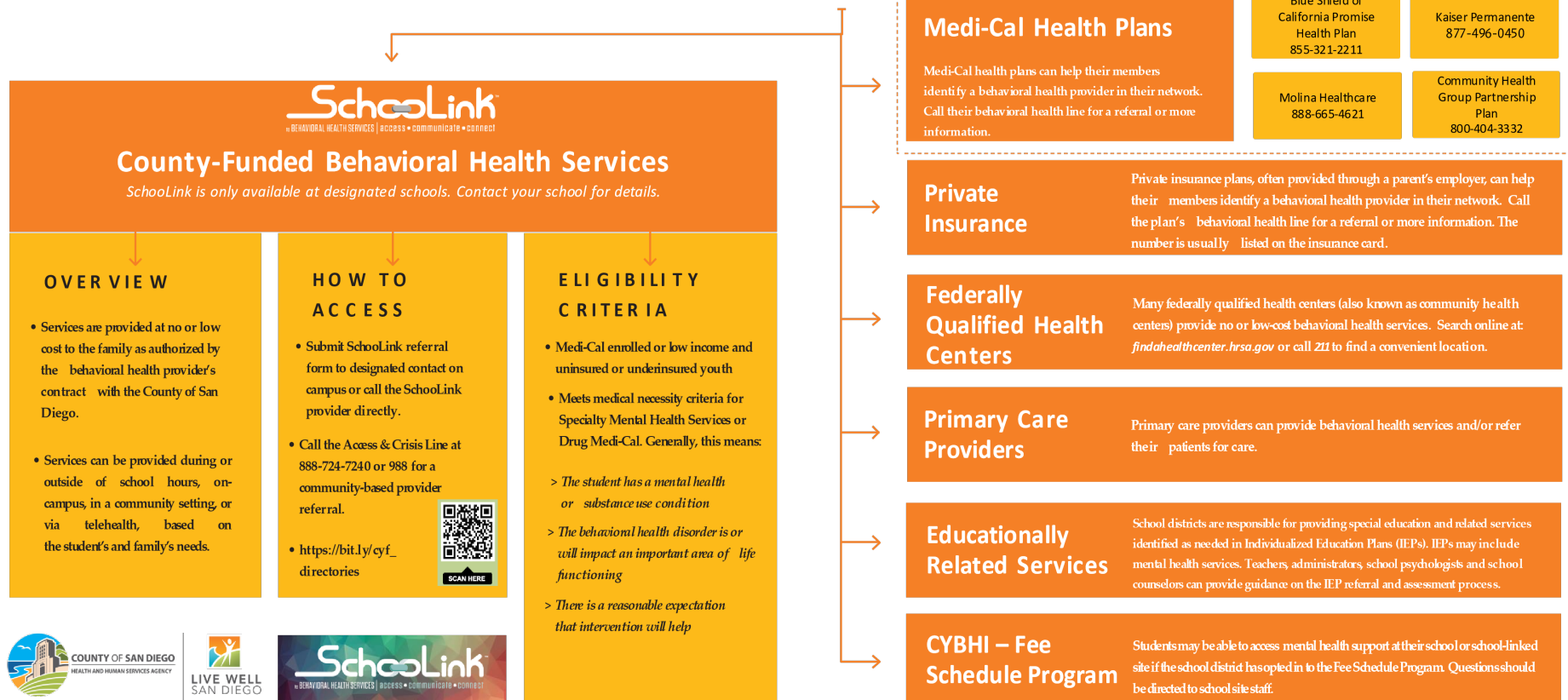
# Behavioral Health Services for Youth in San Diego County

SAN DIEGO COUNTY ACCESS & CRISIS LINE

**888-724-7240 or 988**

7 days a week | 24 hours a day

If you aren't sure where to refer a student, you can call the **Access & Crisis Line** above or refer the student to the SchoolLink provider on-campus. If a student is experiencing a behavioral health crisis, call **911**.





# SERVICE STRUCTURE



1 The federal government and State of CA provide funding and regulations to the County of San Diego to serve as the Specialty Mental Health Provider for children with Medi-Cal. The County extends these services to low income, uninsured or underinsured children.

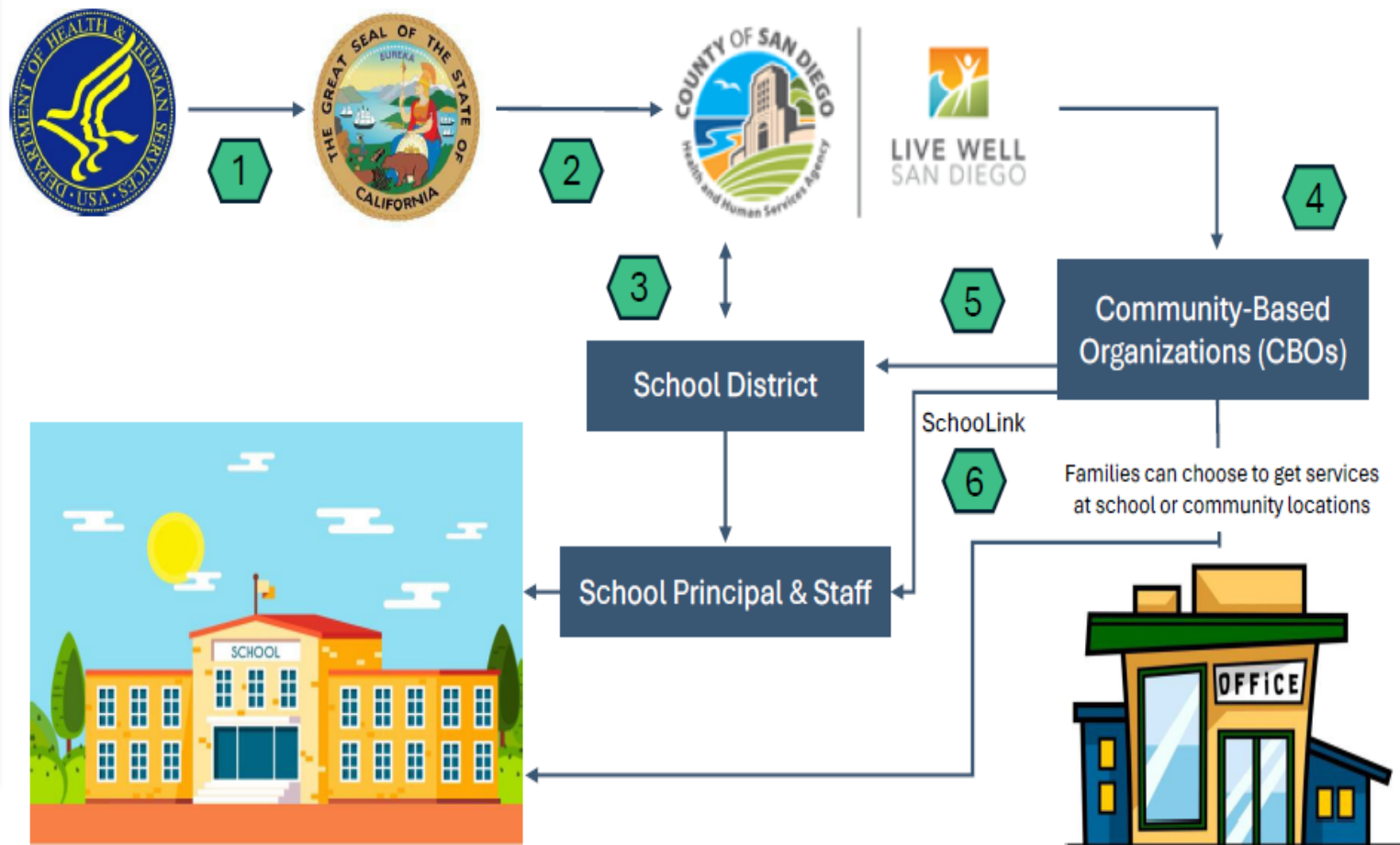
2 Within the County, the Health & Human Services Agency tasks the Department of Behavioral Health Services (BHS) with ensuring children receive these needed services.

3 BHS partners with school district staff to determine need and appropriate staffing at schools.

4 BHS contracts with community based organizations (CBOs) to provide behavioral health and support services at local school and community sites.

5 Once they receive a contract from BHS, CBOs enter into a Memorandum of Understanding (MOU) with the school district detailing services and expectations.

6 CBO's behavioral health providers work together with school site leadership to identify children in need and provide SchoolLink services.



**Date:** July 1, 2019  
**CYF Memo:** #01-19/20  
**To:** CYF SchoolLink Providers  
**From:** Yael Koenig, CYF Deputy Director  
**Re:** **SchoolLink Threshold Guidelines**

SchoolLink to Behavioral Health Services (SchoolLink) is a partnership between the County of San Diego with community-based organizations and local school districts to provide County-funded behavioral health services. This memo details the background and process for implementing SchoolLink thresholds at SchoolLink sites in FY 2019/20.

### **What is SchoolLink:**

- Dating back to late 1990's, the Health and Human Services Agency-Behavioral Health Services (County) partnered with school districts and community-based organizations to offer outpatient specialty mental health and later substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students.
- In Fiscal Year 2018/2019, SchoolLink was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs.

### **Outcome Monitoring:**

- In 2017, specialized Cerner Community Behavioral Health (CCBH) School Data Reports were created for mental health services delivered on school campuses.
- The School Data Reports allow SchoolLink providers and the County to evaluate the number of clients served by providers at designated and non-designated schools.
- The data indicates that although over 400 schools are designated SchoolLink sites, the majority have 3 or less students receiving SchoolLink services. At 168 school sites, the program served only one student. This data, combined with school and provider input, informed the need to set minimum client thresholds to warrant the deployment of clinicians through SchoolLink.
- The implementation of SchoolLink thresholds is intended to be a collaborative process between schools/districts, SchoolLink providers and the County.
- Ultimately, the goal of setting thresholds is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

### **SchoolLink Threshold Guide:**

As we work collectively to optimize SchoolLink services, initial thresholds have been identified for FY 2019/2020. FY 2019/2020 is expected to be a transition year, recognizing that not all sites will immediately meet the thresholds. Achieving the thresholds will require commitment and collaboration between SchoolLink providers and their designated schools. The thresholds were developed based on a 36-week school year.



- Minimum commitment by SchoolLink Provider for Mental Health and SUD:
  - Clinician shall be deployed to each designated school at least weekly
  - Clinician shall be on campus for a minimum of four hours per visit
  - Clinician shall have the capacity to serve 5 clients per visit
  - On average, each client shall receive 10+ services on the school campus
  - On average, each client shall receive 10+ weeks of services
  - Provider shall review the threshold data quarterly for each designated school and communicate progress with their school partners
- Minimum commitment by School:
  - Identify a consistent designated place for clinician(s) on each of their assigned day(s) and time(s)
  - Make sufficient referrals that lead to a minimum of 5 active clients served by SchoolLink provider
  - Make sufficient referrals that lead to a minimum of 10 annual clients served by SchoolLink provider
- Medi-Cal and unfunded students who have mental health and/or SUD treatment needs who attend a school that does not offer SchoolLink services, may still access services throughout the community based county funded providers. The Access and Crisis Line number (888-724-7240) can provide referrals to applicable resources.

We appreciate all of the SchoolLink feedback generated from the provider discussion at the May 9, 2019, Program Manager' meeting on the SchoolLink forms and thresholds. The SchoolLink training and standardized forms are being updated to reflect the suggested changes and will be available online by July 15, 2019. Please keep an eye out for the July SchoolLink Spotlight which will highlight the changes for FY 2019/20.

If you have questions, please contact your Contracting Officer Representative (COR).

CC: County of San Diego Performance Improvement Team  
County of San Diego Quality Management  
County Office of Education  
Price Philanthropies

## **Medical Necessity Criteria**

### **Title 9, California Code of Regulations, Chapter 11, Medi-Cal Specialty Mental Health Services**

#### **Section 1830.210.**

Medical Necessity Criteria for MHP Reimbursement for Specialty Mental Health Services for Eligible Beneficiaries under 21 Years of Age.

- a. For beneficiaries under 21 years of age who do not meet the medical necessity requirements of Section 1830.205(b)(2) and (3), medical necessity criteria for specialty mental health services covered by this subchapter shall be met when all of the following exist:
  1. The beneficiary meets the diagnosis criteria in Section 1830.205(b)(1),
  2. The beneficiary has a condition that would not be responsive to physical health care-based treatment, and
  3. The requirements of Title 22, Section 51340(e)(3) are met; or, for targeted case management services, the service to which access is to be gained through case management is medically necessary for the beneficiary under Section 1830.205 or under Title 22, Section 51340(e)(3) and the requirements of Title 22, Section 51340(f) are met.
- b. The MHP shall not approve a request for an EPSDT Supplemental Specialty Mental Health Service under this section if the MHP determines that the service to be provided is accessible and available in an appropriate and timely manner as another specialty mental health service covered by this subchapter.
- c. The MHP shall not approve a request for specialty mental health services under this section in home and community based settings if the MHP determines that the total cost incurred by the Medi-Cal program for providing such services to the beneficiary is greater than the total cost to the Medi-Cal program in providing medically equivalent services at the beneficiary's otherwise appropriate institutional level of care, where medically equivalent services at the appropriate level are available in a timely manner. and the MHP provides or arranges and pays for the institutional level of care if the institutional level of care is covered by the MHP under Section 1810.345, or arranges for the institutional level of care, if the institutional level of care is not covered by the MHP under Section 1810.345. For the purpose of this Subsection, the determination of the availability of an appropriate institutional level of care shall be made in accordance with the stipulated settlement in T.L. v. Belshe.

**NOTE:** Authority cited: Section 14680, Welfare and Institutions Code. Reference: Sections 5777, 14132, and 14684, Welfare and Institutions Code, and Title 42, Section 1396d(r), United States Code.

## Section 1830.205

### Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services

The following medical necessity criteria determine Medi-Cal reimbursement for specialty mental health services that are the responsibility of the MHP under this Subchapter, except as specifically provided.

(b) The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(1) Have one of the following diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, DSM-IVE, Fourth Edition (1994), published by the American Psychiatric Association:

- (A) Pervasive Developmental Disorders, except Autistic Disorders
- (B) Disruptive Behavior and Attention Deficit Disorders
- (C) Feeding and Eating Disorders of Infancy and Early Childhood
- (D) Elimination Disorders
- (E) Other Disorders of Infancy, Childhood, or Adolescence
- (F) Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
- (G) Mood Disorders, except Mood Disorders due to a General Medical Condition
- (H) Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
- (I) Somatoform Disorders
- (J) Factitious Disorders
- (K) Dissociative Disorders
- (L) Paraphilias
- (M) Gender Identity Disorder
- (N) Eating Disorders
- (O) Impulse Control Disorders Not Elsewhere Classified
- (P) Adjustment Disorders
- (Q) Personality Disorders, excluding Antisocial Personality Disorder
- (R) Medication-Induced Movement Disorders related to other included diagnoses.

(2) Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b)(1) above:

- (A) A significant impairment in an important area of life functioning.
- (B) A reasonable probability of significant deterioration in an important area of life functioning.
- (C) Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.

(3) Meet each of the intervention criteria listed below:

(A) The focus of the proposed intervention is to address the condition identified in Subsection (b)(2) above.

(B) The expectation is that the proposed intervention will:

1. Significantly diminish the impairment, or
2. Prevent significant deterioration in an important area of life functioning, or
3. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
4. For a child who meets the criteria of Section 1830.210(1), meet the criteria of Section 1830.210(b) and (c).

(C) The condition would not be responsive to physical health care based treatment.

(c) When the requirements of this Section or Section 1830.210 are met, beneficiaries shall receive specialty mental health services for a diagnosis included in Subsection (b)(1) even if a diagnosis that is not included in Subsection (b)(1) is also present.



## **Title 22 Drug Medi-Cal (DMC) Requirements for Determination of Diagnosis and Medical Necessity**

*Fact Sheet*

August 2016

For a provider to receive reimbursement for Drug Medi-Cal substance use disorder services, those services shall be provided by or under the direction of a physician. Substance use disorder services provided to a Medi-Cal beneficiary shall be covered by the Medi-Cal program when determined medically necessary in accordance with 22 CCR § 51303.

### **Determination of Diagnosis**

The physician or other identified personnel<sup>1</sup> shall evaluate a beneficiary to diagnose a substance use disorder (SUD), within 30 calendar days of the beneficiary's admission to treatment date, based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third Edition-Revised or Fourth Edition, published by the American Psychiatric Association. For purposes of a DHCS DMC review, it is acceptable if the physician or other identified personnel base the SUD diagnosis on the DSM-Fifth Edition. The physician or other identified personnel are only required to diagnose the beneficiary based on the DSM criteria at intake.

Based on 22 CCR § 51341.1(h)(1)(A)(v)(a), **the basis for the SUD diagnosis must be documented** in the beneficiary's individual record by the physician. The physician's signature on a treatment plan that includes a DSM code does not fulfill the requirement of the physician documenting the basis for the diagnosis. For DHCS DMC review purposes, DHCS staff will identify a deficiency if the physician does not document the basis for the diagnosis in the beneficiary record.

Based on 22 CCR § 51341.1(h)(1)(A)(v)(b), an alternative to the physician determining the SUD diagnosis, identified personnel, i.e., a therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, may determine the SUD diagnosis based on the DSM. The individual who performs the diagnosis shall **document the basis** for the diagnosis in the beneficiary's patient record. In this instance, the physician **shall document** approval of each beneficiary's diagnosis by signing and dating the beneficiary's treatment plan. For DHCS DMC review purposes, DHCS staff will identify a deficiency if identified personnel do not document the basis for the diagnosis in the beneficiary record.

<sup>1</sup> 22 CCR § 51341.1(h)(1)(A)(v)(b) states a therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, may diagnose a beneficiary based on the DSM.

## **SED Definition**

*To accompany Mental Health Services Act Exhibit A*

### **Definition of Seriously Emotionally Disturbed (SED)**

California Welfare & Institutions Code Section 5600.3.

To the extent resources are available, the primary goal of use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a) (1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas:

- self-care,
- school functioning,
- family relationships,
- or ability to function in the community;

and either of the following occur:

1. The child is at risk of removal from home or has already been removed from the home.
2. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Note from CMHS: **AB2726 CLIENTS MAY NOT BE SEEN UNDER THE MHSA.**



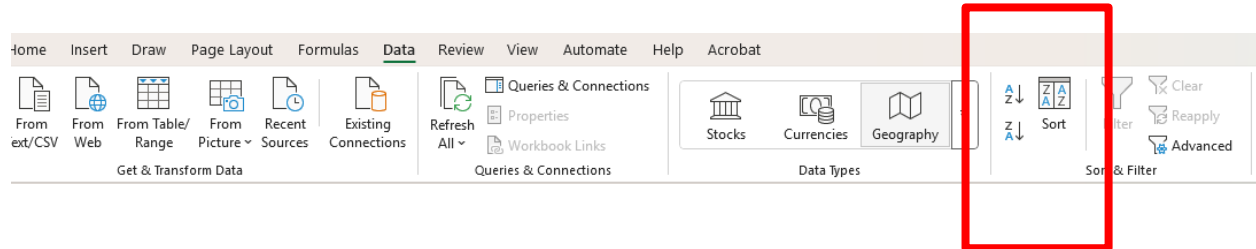
## SchoolLink Monthly Communication Log

### Sorting Data in Microsoft Excel

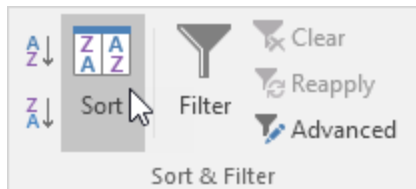


To sort one column, complete the following steps:

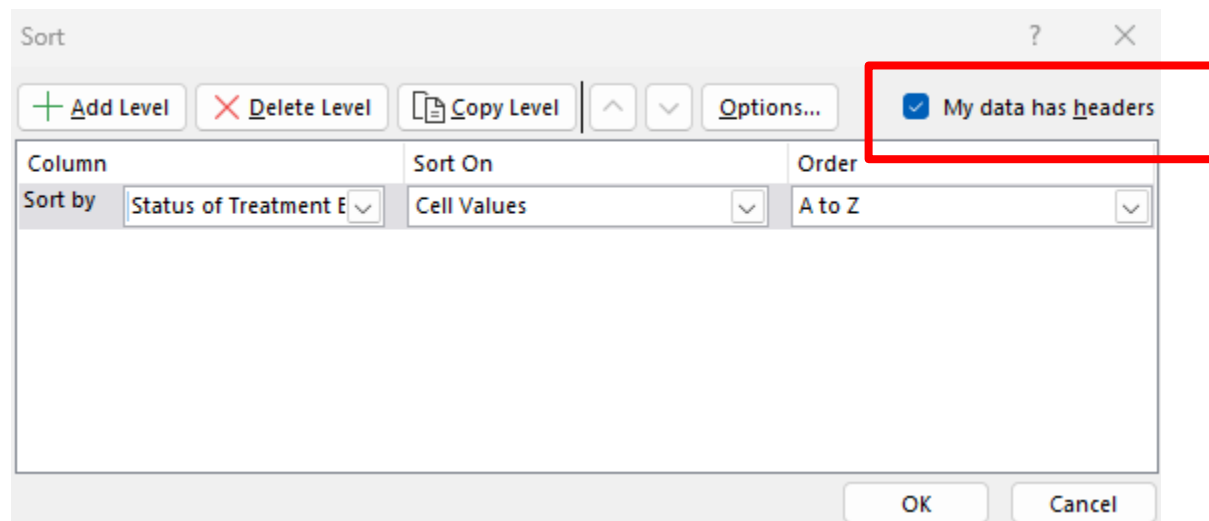
1. Highlight the whole spreadsheet
2. Go to the Data tab, Sort & Filter group.



3. On the Data tab, in the Sort & Filter group, click Sort.



The sort dialog box appears. Make sure 'My data has headers' box is checked.



4. Select 'Sort by' drop-down list to select the column you want to sort. Click OK.

Sort

+ Add Level   X Delete Level   Copy Level   ^   v   Options...   ☒ My data has headers

Column	Sort On	Order
Sort by	Cell Values	A to Z
<div>Referral Date Open Date Closed Date Student Clinician <b>Status of Treatment Episode</b> Disposition of Treatment Episode Student Received School Site Services Comments</div>		

OK   Cancel

*Example: Sort by Status*

Before	After																				
<table><tr><th>Status of Treatment Episode</th></tr><tr><td>Open</td></tr><tr><td>Pending</td></tr><tr><td>Closed</td></tr><tr><td>Closed</td></tr><tr><td>Open</td></tr><tr><td>Pending</td></tr><tr><td>Pending</td></tr><tr><td>Pending</td></tr><tr><td>Closed</td></tr></table>	Status of Treatment Episode	Open	Pending	Closed	Closed	Open	Pending	Pending	Pending	Closed	<table><tr><th>Status of Treatment Episode</th></tr><tr><td>Open</td></tr><tr><td>Open</td></tr><tr><td>Pending</td></tr><tr><td>Pending</td></tr><tr><td>Pending</td></tr><tr><td>Pending</td></tr><tr><td>Closed</td></tr><tr><td>Closed</td></tr><tr><td>Closed</td></tr></table>	Status of Treatment Episode	Open	Open	Pending	Pending	Pending	Pending	Closed	Closed	Closed
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**To sort multiple columns, add the following steps:**

5. In the Sort dialog box, select from the 'Sort by' drop-down list the first column you want to sort.
6. Click on 'Add Level'

Sort

+ Add Level   X Delete Level   Copy Level   ^   v   Options...   ☒ My data has headers

Column	Sort On	Order
Sort by	Cell Values	A to Z
Then by	Cell Values	A to Z

OK   Cancel



7. 'Then by' row appears. Select 'Then by' drop-down list for the second column to sort. Click Ok.

Sort

+ Add Level    X Delete Level    Copy Level    ^    v    Options...    ☒ My data has headers

Column	Sort On	Order
Sort by: Status of Treatment Episode	Cell Values	A to Z
Then by: Clinician	Cell Values	A to Z

Referral Date  
Open Date  
Closed Date  
**Student**  
Clinician  
Status of Treatment Episode  
Disposition of Treatment Episode  
Student Received School Site Services  
Comments

OK    Cancel

*Example:*

Before

Clinician	Status of Treatment Episode
Mary Robles	Closed
Mary Robles	Closed
Cynthia Robertson	Open
Mary Robles	Closed
Cynthia Robertson	Open
Cynthia Robertson	Pending
Mary Robles	Open
Cynthia Robertson	Closed
Mary Robles	Pending
Mary Robles	Pending

After

Clinician	Status of Treatment Episode
Cynthia Robertson	Closed
Mary Robles	Closed
Mary Robles	Closed
Mary Robles	Closed
Cynthia Robertson	Open
Cynthia Robertson	Open
Mary Robles	Open
Cynthia Robertson	Pending
Mary Robles	Pending
Mary Robles	Pending

The first column you choose should represent your primary sorting criteria because Excel will sort your data by the first column and then sort the data within the first column categories for the second column and/or any additional columns.