



How Local Education Agencies and Partners Can Braid New Funding to Support School-Based Health Centers

Updated Aug 15, 2025

Over the past several years, California has passed state budgets that included unprecedented investments in child and youth behavioral health, with a special focus on school-based services and supports. Many of these investments have become available for schools, communities, and healthcare partners. To assist in local planning and strategy, this guide walks through the ways that schools and partners can braid together these new state funding opportunities with existing funding opportunities **to support new school-based health centers (SBHCs) and Wellness Centers or expand and improve existing SBHCs & WCs.**

There are many different strategies to address student behavioral health, and SBHCs and Wellness Centers represent one strategy with proven impact on health, mental health and education outcomes. Schools are encouraged to pursue multiple strategies to support their students. This resource is not meant to be exhaustive but to provide stakeholders with some concrete ideas and strategies if starting or expanding SBHCs is one of the strategies an LEA wants to prioritize. These examples, suggestions, and strategies are based on CSHA's understanding using the available information about these funding sources. LEAs and their partners should confirm with the agencies responsible for these funding sources and, when available, read funding applications closely for more direction about allowable uses of funds.

Why SBHCs?

[School-based health & wellness centers \(SBHC/WCs\)](#) are an age-appropriate, evidence-based way to deliver a variety of health care services to students and sometimes other members of the community. SBHCs increase access to care, increase the utilization of preventive health care services, increase use of early intervention mental health services, and reduce risky behaviors, especially among marginalized student populations. California SBHCs are located in disproportionately lower-income schools and communities, and help create a positive learning environment by improving attendance, school climate, and academic achievement.



The best SBHCs are comprehensive health homes for children and youth (and sometimes their families) that include primary care, behavioral health and other services that are needed by children locally, such as health education, oral health, and/or vision care. They are open most days the school is open and staffed consistently by health personnel who specialize in child and adolescent health. The best SBHCs are also tightly integrated with the school culture and community with ongoing opportunities to coordinate outreach, prevention and care on behalf of students. Because there is no source of ongoing funding for SBHCs in California, many existing centers do not achieve this full vision. This guide offers ways that LEAs and their SBHC partners can use current state initiatives to expand and/or strengthen existing SBHCs and SBHC services so that more young people can be reached effectively.

Overview of Ways to Support SBHCs Using Current and Future State and Federal Funding

	Construction	Renovation for Enhanced Services	Other SBHC Planning and Start-Up Costs	Direct services to students
California Community Schools Partnership Program (CCSPP)			✓	✓
Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services				✓
School-Linked Partnership and Capacity Building	✓	✓ ⁴	✓ ⁴	✓
Certified Wellness Coach				✓



Provider Type				
Behavioral Student Services Act	✓ ³	✓ ³	✓ ³	✓ ³
Federal Health Center Program Service Expansion: School-Based Service Sites		✓ (as long as total costs are <\$500,000)	✓	✓
Local Educational Agency Medi-Cal Billing Option Program (LEA-BOP)				✓

Funding Streams

Funding	Overall Goal/Intent	Agency and Total Funding Available	Who can apply or access funds?	Timeline	Ways to Support New SBHCs - plan & construct new sites	Ways to Support Existing SBHCs - improve and expand services
California Community Schools Partnership Program (CCSPP) Planning Grants	<p>To establish new and expand existing community schools¹.</p> <p>Planning grants are available for LEAs without existing community schools.</p> <p>Maximum \$200,000 funding for up to 2 years.</p> <p>Cohort 1 application due April 1, 2022. Cohort 2</p>	<p>California Department of Education (CDE)</p> <p>\$16,700,000 available for 2023-24 funding cycle.</p>	Local education agencies (LEAs)	Multiple cycles through June 2031	<p>Integrate SBHC planning into overall planning processes for community schools.</p> <p>Support staff time for planning SBHCs, such as conducting students and community needs assessment, connecting to local health providers, and establishing Memoranda of Understanding (MOUs).</p> <p>Hire a consultant or technical assistance provider to create a business and operating plan for the new SBHC.</p> <p>Non-allowable</p>	<p>Staff time to coordinate with existing SBHCs and develop protocols for integrating the SBHC into the new community school.</p> <p>Subcontract with community clinics and other organizations to provide and coordinate health services.</p> <p>Contract with existing SBHC coordinator or manager to include them in the community schools planning process.</p> <p>Non-allowable costs/activities: supplant existing funds, purchase furniture, purchase/lease facilities, remodel or build</p>

¹ As defined by the [California Department of Education](#), a community school is a “whole-child” school improvement strategy where the district and school work closely with teachers, students, families, and partners.

	application will be released fall 2022.				costs/activities: supplant existing funds, purchase furniture, purchase/lease facilities, remodel or build facilities	facilities
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California Community Schools Partnership Program (CCSPP) Implementation Grants	<p>To establish new and expand existing community schools.</p> <p>Implementation grants are available for LEAs to support the establishment of new community schools and/or expansion or continuation of their existing community schools.</p> <p>Maximum \$500,000 per</p>	<p>California Department of Education (CDE)</p> <p>More available for subsequent cohorts, including Extension grant awards of up to \$100,000 annually, beginning in the 2025–26 fiscal year.</p>	Local education agencies (LEAs)	through June 2031	<p>Build coordination with health care partners into the implementation plan</p> <p>Support staff time for planning SBHCs, such as conducting students and community needs assessment, connecting to local health providers, and establishing Memoranda of Understanding (MOUs).</p> <p>Hire a consultant or technical assistance provider to create a business and operating plan for the new SBHC.</p> <p>Subcontract with community partners to support the early</p>	<p>Staff time to improve coordination of services and referrals to SBHCs</p> <p>Subcontract with community clinics and other organizations to provide and coordinate health services.</p> <p>Increase services (i.e. behavioral health, oral health) at SBHC to meet the health needs identified in student and community assessments.</p> <p>Non-allowable costs/activities: supplant existing funds, purchase furniture, purchase/lease facilities, remodel or build facilities</p>

	<p>school per year for 5 years</p> <p>Cohort 1 application due April 11, 2022. Cohort 2 application will be released fall 2022</p>				<p>operation costs of SBHCs.</p> <p>Non-allowable costs/activities: supplant existing funds, purchase furniture, purchase/lease facilities, remodel or build facilities.</p>	
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Evidenced-Based and Community-Defined Practices Grants (CYBHI)	<p>To improve access to critical behavioral health interventions, by scaling evidenced-based and community defined practices based on robust evidence for effectiveness, racial equity impact, and</p>	<p>Department of Health Care Services (DHCS)</p> <p>\$429 million (6 rounds)</p>	<p>CBOs, provider clinics, cities, counties, FRCs, early learning providers, statewide and local agencies, faith-based orgs, LEAs, higher ed, tribal entities, MCPs,</p>	<p>Round 1-3 are completed.</p> <p>Round 4 Youth-driven programs (August 2023)</p> <p>Round 5 Early intervention programs (Aug 2023)</p>	<p>Funds to support access to training and/or certification of specific EBP and CDEP.</p> <p>Start-up funds to implement an EBP and CDEP. including those focused on prevention, early intervention and resiliency/recovery, for children and youth, with a specific focus on children and youth from Black and Indigenous People of</p>	<p>Expand behavioral health capacity in existing SBHCs by supporting training for BH professionals (clinical and non-clinical) in EB and CD practices</p> <p>Expand behavioral health capacity in existing SBHCs by enabling the replication and adaptations of well-established practices that meet specific population needs, such as CBITS and Trauma-Informed CBT, or</p>

	sustainability		hospitals	Round 6: Community Defined Programs & Practices (TBA)	Color (BIPOC) and LGBTQIA+ communities.	Peer Support Models. Launch or enhance non-clinical BH programs, i.e. peer to peer programs that are evidenced-based.
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Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services	To increase access to school-linked BH services by requiring MediCal and commercial health plans to reimburse school-linked providers, regardless of network provider status, for services provided to students.	DHCS and DMHC (no specified amount, fee for service)	LEAs, IHEs enroll as school-linked network provider, and hires or contracts with eligible BH practitioners	Phased roll-out: Jan 2024, Phase 1, early adopters, July 2024, Phase 2, expanded cohort, Jan 2025, All LEAs, charter schools, schools for the Deaf/Blind can opt in.	Not relevant for SBHC planning and construction.	Expand behavioral health capacity in existing SBHCs by maximizing billing practices to sustain new clinicians. Reimbursement for services delivered by contracted BH providers to eligible students. Expanded reimbursable activities, including Tier 2 interventions not typically covered by MediCal. (i.e. Psychoeducation, Care Coordination, Screenings) MediCal reimbursement for services delivered by non-clinical staff, such as community health workers,

						Wellness Coaches (starting in 2025) Increased revenue to support SBHC sustainability and increase staffing.
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School-Linked Partnership and Capacity Building Grants	Strengthen school-linked behavioral health services and provide California public K-12 schools with resources to support institutional readiness for the statewide multi-payer school-linked fee schedule by providing resources to schools to expand its provider capacity, develop critical	Department of Health Care Services (DHCS) \$400 million for preschool to 12th grade	LEAs, Health plans, CBOs, BH providers, County BH, Tribal entities	Funds will be allocated directly to all County Offices of Education to distribute to LEAs.	Conduct SBHC needs assessment. Identify the schools that would benefit from SBHCs. Check out CSHA's Student Health Index . Funding for staffing and operational costs for SBHC for the first 1-3 years, to provide a runway to build systems for reimbursement and sustainability Funds can be used for building out spaces for BH services, opening a wellness center, hiring and training staff, implementing EBPs, developing policies and procedures, billing infrastructure, etc.	Expand behavioral health capacity in existing SBHCs by hiring clinicians and other staff and building referral mechanisms and billing practices to sustain the new clinicians. See CSHA's BH Sustainability Guide One-time funding to enhance non-clinical BH programs - i.e. peer-to-peer programs, school staff trainings and supports, trauma-informed clinical and classroom practices, non-billable and Tier 1 interventions such as classroom education, BH stigma reduction, and socio-emotional skills training.

	partnerships, and build the necessary infrastructure.					Expand tele-behavioral health service availability. Utilize existing SBHCs as a hub and connect to surrounding schools using telehealth. See Telehealth in Schools and SBHCs .
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Certified Wellness Coach MediCal Provider Type	To increase overall capacity to support youth behavioral health needs through development of a new provider type that will be comprised of a diverse workforce with lived experience, and who will provide non-clinical support to youth while receiving training/supervision and exposure to BH field.	HCAI (\$338 million to design and build model) No specified amount for funding, reimbursable activities under new provider type	Schools, districts, CBOs, health partners, government agencies	First cohort of Wellness Coaches in 2025	Not relevant for SBHC planning and construction.	Reimbursement for services delivered by Wellness Coaches to eligible students. Funding for expanded services provided by non-licensed SBHC staff, including Tier 1 & 2 supports, such as wellness promotion, screening, care coordination, individual and group support, crisis support, peer program coordination, etc. Workforce development opportunity/support behavioral health pipeline through hiring Wellness Coaches

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Mental Health Student Services Act	To promote partnerships between county mental health agencies and local education agencies to deliver school-based mental health services to young people and their families.	Mental Health Services Oversight and Accountability Commission (MHSOAC) \$100 million (for Phase 3)	County behavioral health departments, in partnership with LEAs	No current applications open.	<p>Conduct SBHC needs assessment. Identify the schools that would benefit from SBHCs. Check out CSHA's Student Health Index.</p> <p>Facilities construction to increase access to behavioral health services to students</p> <p>Funding for staffing and operational costs for SBHC for the first 1-3 years, to provide a runway to build systems for reimbursement and sustainability.</p> <p>Create partnerships between LEAs and county behavioral health agencies and community behavioral health providers to plan SBHCs and coordinate services and referrals.</p>	<p>Expand behavioral health capacity in existing SBHCs by hiring clinicians and building referral mechanisms and billing practices to sustain the new clinicians. See CSHA's BH Sustainability Guide</p> <p>One-time funding to enhance non-clinical BH programs - i.e. peer-to-peer programs, school staff trainings and supports, trauma-informed clinical and classroom practices, non-billable and Tier 1 interventions such as classroom education, BH stigma reduction, and socio-emotional skills training.</p>

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Federal Health Center Program Service Expansion: School- Based Service Sites	To increase the number of patients who access comprehensive primary health care services through service delivery sites located at schools	Bureau of Primary Health Care, Health Resources and Services Administration \$30 million	Federally-qualified health centers	9/2022 through 8/23 - Current grant cycle completed	For new or expanded SBHCs; previous applicants will be funded first, then a new round of funding opened. Only federally-qualified health centers (FQHCs) will be eligible. Ineligible activities: Construction, facility and land purchase, and major renovations	For new or expanded SBHCs; previous applicants will be funded first, then a new round of funding opened. Only federally-qualified health centers (FQHCs) will be eligible. Ineligible activities: Construction, facility and land purchase, and major renovations
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Local Educational Agency Medi-Cal Billing Option Program (LEA-BOP) Reimbursement for services. Schools Medi-Cal	Reimburses LEA BOP Providers for health-related services already provided to Medi-Cal eligible students. As of April 2020, the LEA BOP	Department of Health Care Services (DHCS) LEAs pay 100% for the services and are	LEAs	Ongoing funding stream Most relevant for LEAs with a high population of Medi-Cal	Robust billing under LEA BOP could more fully support LEA and contracted school health position salaries, freeing up school and LCAP dollars to open and expand School-Based Health & Wellness Centers	Expand behavioral health capacity in existing SBHCs by hiring clinicians and building referral mechanisms and billing practices to sustain the new clinicians.

Administrative Activities program (SMAA). Reimbursement for administrative costs.	has been improved by expanding eligibility for services & removing restrictions for providing services to general education students.	reimbursed at maximum federal reimbursement rate. (up to 50%) Approx. \$180 million		eligible students.		
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Scenarios

Below are three scenarios illustrating ways to braid one-time funding opportunities together to start new and expand existing SBHCs. These are meant to serve as examples to illustrate that multiple funding streams could be used together for these purposes. These scenarios are not exhaustive and are based on the available information about these funding sources. LEAs and their partners should confirm with the agencies responsible for these funding sources and, when available, read funding applications closely for more direction about allowable uses of funds.

Developing a New SBHC

Partnering Agencies: Urban school district, Community Health Center

Goal: New SBHC at a large high school campus

Space: Two abandoned classrooms

Cost: \$750,000 for facility renovation + additional costs for staffing, furniture and equipment

**Short-term funding plan:**

The school district receives:

- \$1.5 million *California Community Schools Partnership Program* implementation grant, includes:
 - \$50,000 release time for planning with school nurse and health teacher
 - \$80,000 contract with a local health center for SBHC planning
- \$500,000 *Behavioral Health Continuum Infrastructure Program* grant toward site renovation
- \$100,000 of *Local Control Funding Formula* applied toward the SBHC construction

The community health center receives:

- \$150,000 (\$75,000 each) from two Medi-Cal managed care plans through their *Student Behavioral Health Incentive Program* toward the construction of the behavioral health service rooms
- Donated equipment from a *local medical group*
- \$50,000 grant from a *local hospital's community benefit funds* for remaining furniture and equipment, including computers and IT setups

Long-term plan: The school district and health center start working with County leaders to explore ways to support SBHC operations through line item allocations, Medi-Cal Administrative Activities, and joint fundraising.

Expanding SBHC Services

Partnering Agencies: School District, Community Health Center

Goal: Expand Elementary School SBHC services from limited primary care to robust behavioral health and family support services

Cost: \$225,000 for for new staff over two years

Short-term funding plan:

The school district receives:

- \$200,000 *California Community Schools Partnership Program* planning grant to create a larger hub of student, family and community-facing services for children and families, with the SBHC at the center, includes:
 - \$80,000 supports a community health navigator at the health center to connect families to social services



The community health center receives:

- \$175,000 grant from Medi-Cal managed care plans through their *Student Behavioral Health Incentive Program* to hire a full-time LCSW for two years to establish an integrated referral system; provide trainings for school staff on trauma-informed school climates; implement trauma screenings; and provide grief groups for children suffering from COVID losses

Long-term plan: The health center supports ongoing primary care services through CHDP and Medi-Cal reimbursement and plans to apply for a HRSA grant to add dental and vision services for students and their families. After two years, the LCSW has built strong systems for outreach, collaboration and referrals and can spend sufficient time providing clinical care eligible for Medi-Cal reimbursement that most of their salary is covered. The school district is able to draw down some funding through the School-Based Medi-Cal Administrative Activities (SMAA) to support part of the navigator's ongoing salary. (To learn about SMAA, see [this webpage](#) on Education Funding for school health services.)

Expanding School-Based Mental Health Services Across the District

Partnering Agencies: Rural School District, Community-Based Mental Health Organization

Goal: Expand from Middle School SBHC to district-wide mental health services

Cost: \$475,000 in new staffing and equipment/materials

Short-term funding plan:

The school district receives:

- \$900,000 *California Community Schools Partnership Program* implementation grant, includes:
 - \$75,000 to a mental health CBO to conduct a needs and strengths assessment for student mental health services
 - \$100,000 supports a wellness coordinator at the SBHC to create and staff a wellness room (as described in [this](#) case study) and run a [peer mentorship program](#) with the local high school

The local Medi-Cal managed care plan provides:

- Dedicated staff time to work with the school district on expanding prevention and early intervention mental health services for students and families

The community-based mental health organization receives:



- \$300,000 from the *School-Linked Partnership and Capacity Building* program to build out tele-behavioral health services in a hub and spoke model across other schools, and for start-up training and staffing

Long-term plan:

The SBHC benefits from many changes and expansions to the Medi-Cal system of care for children and youth under the state's Child and Youth Behavioral Health Initiative. Its contract to provide specialty mental health services is expanded to include more prevention, peer providers, and substance use interventions. It also applies for a local MHSA grant to staff the wellness room and integrate culturally specific prevention activities and groups.

Recommendations

To maximize these new state investments:

- 1) **Build partnerships with other organizations and agencies.** Many of these funding sources designate certain partners that are eligible to receive funding - i.e. local education agencies vs. county behavioral health departments. However, many funding streams incentivize and even require partnerships to leverage the funding. Braid funding together by engaging partners to build new and expand existing SBHCs. Below are some examples:

Are you a...?	Then partner with... to...
<ul style="list-style-type: none"> • Local Education Agency (LEA) 	<ul style="list-style-type: none"> • Your County Office of Education to participate in the CYBHI Multi-Payer Fee Schedule for School-Linked Services and access funds through CYBHI Partnership and Capacity Grants • The County Behavioral Health Department to partner to apply for MHSSA funding or play a role in an existing plan for funding. • A local non-profit behavioral health provider to apply for a Behavioral Health Continuum Infrastructure grant. • Local community health centers to explore the development of new SBHCs or increasing other resources and supports for students on campus
<ul style="list-style-type: none"> • Federally-qualified health center, community health center, or other 	<ul style="list-style-type: none"> • Your LEAs, particularly those with high student health needs (see CSHA's Student Health Index), to support the incorporation of



community-based health care provider	<p>SBHCs into Community School planning and/or implementation.</p> <ul style="list-style-type: none"> • Your LEAs to participate in the CYBHI Multi-Payer Fee Schedule for School-Linked Services • Your LEA and COE to partner for a School-Linked Partnership and Capacity Building Grant.
<ul style="list-style-type: none"> • Medi-Cal Managed Care Plan 	<ul style="list-style-type: none"> • Your LEAs to understand how they are planning to apply for and/or build on the community school model. • LEAs and SBHCs to explore sustainable partnerships using SBHIP funding. • Local SBHCs to see how you can support their student-centered health and mental health services with SBHIP and other programs.

2) Make a plan for sustainability. These are only one-time funding sources so partnerships should build in plans to sustain the services and programs they start through this funding. SBHCs are a smart way to use one-time funding because most SBHCs leverage third-party reimbursement to sustain the services they provide. Below are also many existing resources describing the *ongoing* funding that can be leveraged to sustain SBHCs:

- [SBHCs and Maximizing Third Party Reimbursement](#)
- [Sustaining & Growing Behavioral Health Services at School-Based Health Centers](#)
- [Public Funding for School Mental Health Programs](#)
- [Funding SBHCs \(CSHA website\)](#)

3) Focus on areas where students most need school-based health centers. While there are counties and districts where every school would benefit from an SBHC, that is not a practical approach, even with the significant one-time funding available. LEAs and partners interested in leveraging one-time funding to start and expand SBHCs should look closely at the data available on student and community health needs to identify a small number of specific school locations. Partners should start with schools with the most significant health and education disparities where an SBHC can have the greatest impact, and the greatest other success factors in place (e.g, administrative will, space options, enthusiastic and available health partners). CSHA's [Student Health Index](#) is a good place to start and is the first statewide comprehensive analysis to identify the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education equity.



We also invite readers to [contact CSHA](#) for individualized technical assistance and support.

Good luck on your journey and thank you for your work on behalf of California children and youth!

About the California School-Based Health Alliance

The California School-Based Health Alliance (CSHA) is the statewide nonprofit organization helping to put more sustainable health care services in schools to improve the health and academic success of children and youth while reducing health and education disparities.

CSHA:

- Helps schools and communities start SBHCs
- Ensures high-quality SBHCs through education and training
- Advocates for public policies to support SBHCs
- Raises the visibility of SBHCs so they are valued by the public
- Supports youth engagement and healthy youth development

Learn more about our work and find additional resources for school-based health on our website: <https://www.schoolhealthcenters.org>.

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