



Student Behavioral Health Incentive Program: 2022–2024 Final Report

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Thank You



Dear SBHIP Partners,

On behalf of the CalOptima Health Behavioral Health Integration Student Behavioral Health Incentive Program (SBHIP) team, I extend my deepest gratitude to each of you for your invaluable contributions to the successful implementation of SBHIP, which was aimed at increasing mental health access for K–12 students across Orange County.

Your dedication, collaboration and unwavering support have made a meaningful difference in the lives of countless students and families. Together, we’ve taken a significant step toward building a more supportive and accessible mental health infrastructure for our youth.

Thank you for being such vital partners in this important work.

With appreciation,

Carmen Katsarov, LPCC, CCM
Executive Director, Behavioral Health Integration



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What Is the Student Behavioral Health Incentive Program?

The Student Behavioral Health Incentive Program (SBHIP) is a groundbreaking initiative from the California Department of Health Care Services (DHCS) that made a \$389 million investment over three years (January 1, 2022, to December 31, 2024). The overall goal of this program was to make mental health support more accessible for kindergarten to 12th grade youth in public schools. As part of this effort, CalOptima Health, the largest Orange County Medi-Cal managed care plan (MCP), received a full incentive allocation of \$25,459,676. These funds were dedicated to planning and implementing sustainable interventions to enhance mental health accessibility for Orange County's youth.

The strategic goals of SBHIP included:

- 1 Enhancing coordination of child and adolescent behavioral health services by improving communication among schools, affiliated programs, managed care providers, counties and mental health providers
- 2 Increasing the number of K-12 students enrolled in Medi-Cal receiving behavioral health services through schools, affiliated providers, county behavioral health departments and county offices of education
- 3 Expanding nonspecialty services on or near school campuses
- 4 Addressing health equity gaps, inequalities and disparities in access to behavioral health services



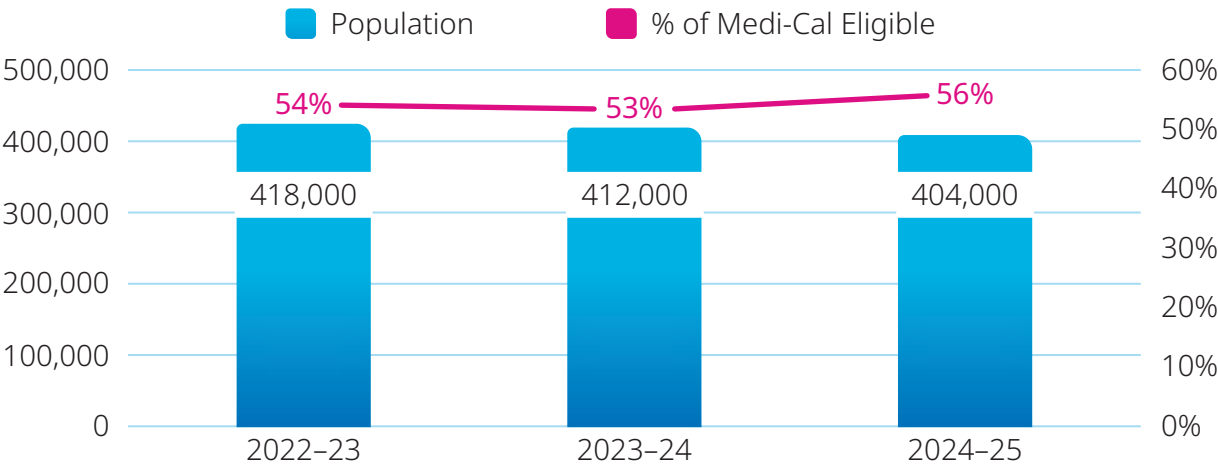
SBHIP supports the goals of DHCS' California Advancing and Innovating Medi-Cal (CalAIM) and the Children and Youth Behavioral Health Initiative (CYBHI). As part of CYBHI, a statewide multipayer school-linked fee schedule — a California Health and Human Services Agency (CalHHS) initiative that partners with DHCS — was designed and launched. This fee schedule creates a sustainable reimbursement pathway for school districts to receive funding for services provided at school or school-linked sites. SBHIP funding helped Orange County school districts prepare for this pathway.



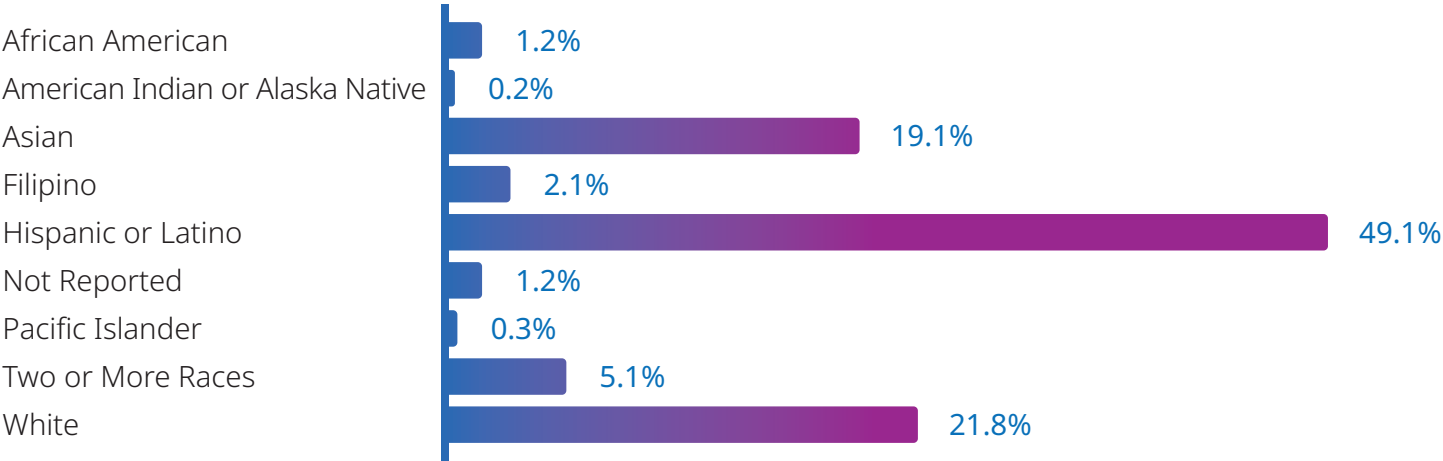
About the SBHIP Student Population

At the start of SBHIP in the 2022–23 school year, there were approximately 418,000 students in Orange County's 28 public school districts. Enrollment declined over each of the next two years to approximately 404,000 students in 2024–25. However, over the same period of time, the proportion of students eligible for Medi-Cal increased from 54% in 2022–23 to 56% in 2024–25.

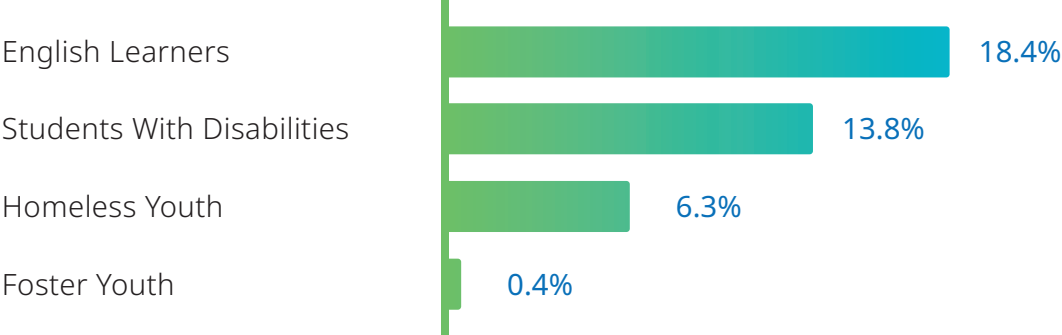
OC Student Population and Medi-Cal Eligibility



Percentage of OC Students by Race/Ethnicity (Total = 403,874)



Percentage of OC Students by Subgroup (Total = 403,874)



SBHIP Funding Strategy

CalOptima Health’s Board of Directors Approved the \$25.5 Million SBHIP Incentive Distribution

California School-Based Health Alliance	\$100,000
Western Youth Services	\$801,595
CHOC, part of Rady Children’s Health	\$2,087,153
Orange County Department of Education and 28 Orange County Public School Districts	\$10,000,000
Hazel Health (through school year 2025–26)	\$11,900,000
SBHIP Program Support	\$570,928
Total Incentive	\$25,459,676

SBHIP Deliverables Completed

Deliverables	Timeline	Earned Incentive
Letter of Intent	January 2022	\$217,500
SBHIP Partners Form	March 2022	
Needs Assessments	December 2022	\$217,500
Targeted Intervention Project Plans	March 2023	\$12,512,338
Biquarterly Reports (4)	June 2023	\$3,128,084
Biquarterly Reports (4)	December 2023	\$3,128,084
Biquarterly Reports (4)	June 2024	\$3,128,084
Project Outcome Reports (4)	December 2024	\$3,128,086
Administration of SBHIP ends	December 2024	
	Total Earned	\$25,459,676

Filling the Gaps: Targeted Student Behavioral Health Interventions

CalOptima Health Behavioral Health Integration (BHI), Orange County Department of Education (OCDE), Orange County Health Care Agency (HCA) and CHOC, part of Rady Children’s Health, held monthly meetings with school district superintendents and other district leadership. They also completed a needs assessment. The outcome of the meetings and assessment showed the need for:

- More behavioral health personnel
- Behavioral health training for school personnel
- Improved information technology (IT) infrastructure and systems

In response to these challenges, two new SBHIP partners, Western Youth Services (WYS) and Hazel Health, were added to the initiative to help bridge the identified gaps and meet the needs of school-aged children. Hazel Health, a large and established telehealth provider for K–12 schools, was recommended by other health plans. WYS, with its extensive experience and expertise in behavioral health training, has a longstanding relationship with schools.

CalOptima Health BHI and the SBHIP partners selected four of 14 DHCS-approved targeted interventions to fill the gaps and earn the program incentive:

- Behavioral Health Screenings and Referrals:** Enhance behavioral health screenings for adverse childhood experiences (ACEs) and other age-appropriate issues on or near school campuses. Develop referral processes in schools for immediate action and brief interventions by behavioral health providers, ensuring access to further evaluation and evidence-based treatment when necessary.
- Stronger Partnerships to Increase Access to Medi-Cal Services:** Strengthen partnerships among schools, MCPs and county behavioral health plans to improve student access to Medi-Cal services. This includes technical assistance, training, toolkits and learning networks to expand Medi-Cal capacity, integrate resources, implement proven practices, ensure equitable care and drive continuous improvement.
- IT Enhancements for Behavioral Health Services:** Implement IT systems for cross-system management, policy evaluation, referral, coordination, data exchange and billing of health services among schools, MCPs and county behavioral health departments.
- Technical Assistance Support for Contracts:** Implement Medi-Cal MCP contracts with county behavioral health departments and schools to provide preventive, early intervention and behavioral health services.

Comment from Orange County Health Care Agency:

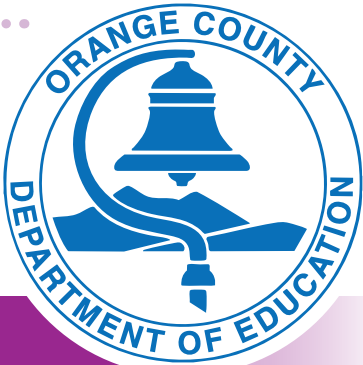
“From the very beginning, the HCA has been a proud partner in the SBHIP initiative. When CalOptima Health reached out to the OCDE and other local school district stakeholders, everyone came together with a shared vision for SBHIP. Through the shared collaboration, the partners quickly identified the different terminologies used by schools to describe mental health needs and interventions. This led to the creation of an early crosswalk that effectively mapped schools’ tiered levels of support with the services available through HCA and CalOptima Health. By ensuring that youth and their families have access to quality mental health services, SBHIP has truly exemplified the power of coming together to make a significant difference in the community.”

CalOptima Health BHI Steered SBHIP Partners Through Successful Implementations

OCDE and 28 Public School Districts ▪ Children’s Hospital of Orange County (CHOC), part of Rady Children’s Health ▪ Western Youth Services (WYS) ▪ Hazel Health

OCDE and 28 Public School Districts

The successful collaboration of CalOptima Health’s BHI team with OCDE and HCA, which had already established a unified working relationship, led to all 28 public school districts in Orange County participating in SBHIP.



OCDE and 28 School Districts (SDs)	
Anaheim Elementary SD	La Habra City SD
Anaheim Union High SD	Los Alamitos SD
Brea Olinda USD	Lowell Joint SD
Buena Park SD	Magnolia SD
Capistrano USD	Newport-Mesa USD
Centralia Elementary SD	OCDE Access
Cypress SD	Ocean View SD
Fountain Valley SD	Orange USD
Fullerton SD	Placentia-Yorba Linda USD
Fullerton Joint Union High SD	Saddleback Valley USD
Garden Grove USD	Santa Ana USD
Huntington Beach City SD	Savanna Elementary SD
Huntington Beach Union High SD	Tustin USD
Irvine USD	Westminster SD
Laguna Beach USD	

Improving Screening and Referral Systems Across School Districts

Through the SBHIP initiative, OCDE created the Orange County Screeners Portfolio to raise awareness of evidence-based mental health and wellness screeners for school districts. OCDE collaborated with district representatives to gauge interest in and gather information on desired screeners, developing one-page summaries of screeners to build awareness. Additional staff was hired to enhance screening and referral mechanisms, and districts expanded the use of universal screeners, piloted new tools, renewed contracts and procured materials. Most districts felt the support received through the SBHIP collaboration meetings and the OCDE Mental Health Summit was beneficial in learning about and adopting evidence-based screeners. By the end of SBHIP, nearly all of the 28 school districts committed to using evidence-based and validated screeners.

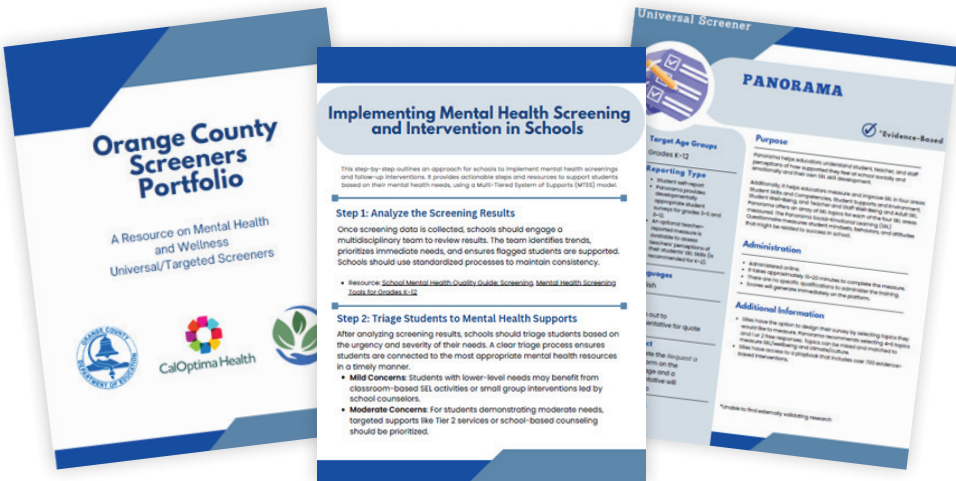
Initiatives:

- Improving Screening and Referral Systems Across School Districts
- Boosting the School-Based Mental Health Workforce
- Advancing IT Infrastructure and Systems in School Districts
- Hosting the Second Annual Mental Health Summit
- Building New Mental Health Partnerships

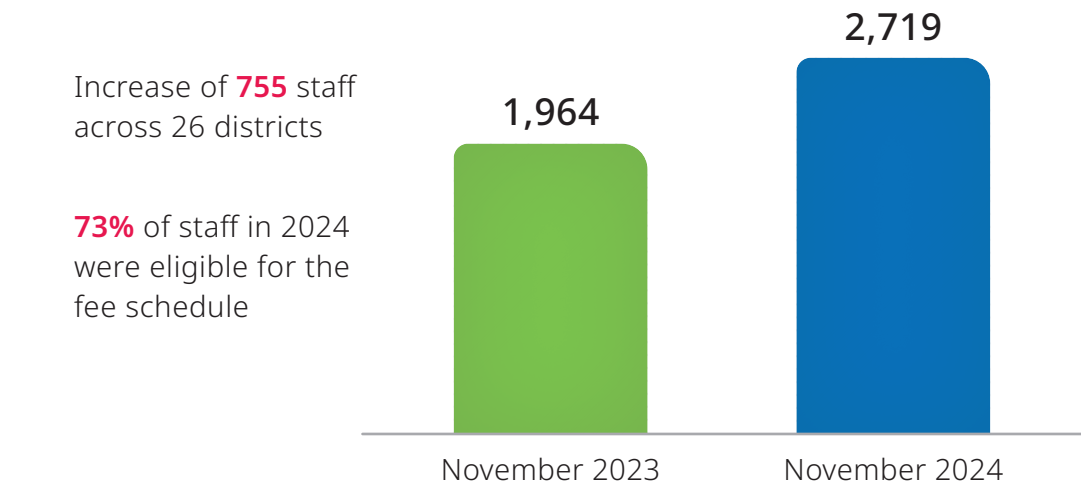
Boosting the School-Based Mental Health Workforce

As of November 2024, there were **2,719** full-time equivalent (FTE) mental health professionals across 26 districts, an increase of **755** from November 2023. School district mental/behavioral staff include Pupil Personnel Services (PPS) school counselors (**840.5**), licensed educational psychologists (**525.5**), behavior interventionists (**362**), behavioral health specialists (**285**) and registered nurses (**229.5**). The remaining mental health positions were:

- Roving clinician school-based trauma therapist
 - Child welfare and attendance liaison
 - School-based mental health counselor (x4)
 - Mental health professional
 - Psychologist
 - Mental health associate
 - Mental health and social services specialist
 - Social worker (x3)
- Mental health coordinator
 - Positive Approach to Student Success (PASS) program teacher (This program aims to reduce suspension rates for grades 8–12 by offering alternative correction methods focused on restorative practices that will minimize academic disruptions and create a supportive, inclusive environment where students can learn and grow from their mistakes.)



School-Based Behavioral Health Staff in Orange County School Districts



Advancing IT Infrastructure and Systems in School Districts

SBHIP supported school districts in building and enhancing IT infrastructure and systems to enable them to submit for reimbursement from MCPs, including CalOptima Health.

Several districts utilized SBHIP funds to:

- Enhance their IT infrastructure (e.g., laptops, secure access and staff training)
- Support new roles for billing and infrastructure (e.g., director of technology, clerical support, administrative assistant, clerical assistant II and Medi-Cal billing technician)
- Implement or enhance electronic health record (EHR) systems

Since SBHIP’s inception, many districts have advanced their existing EHR systems, reporting benefits such as trained staff, user-friendly systems, enhanced special education support, increased funding, better-organized health records and improved collaboration with partner organizations.

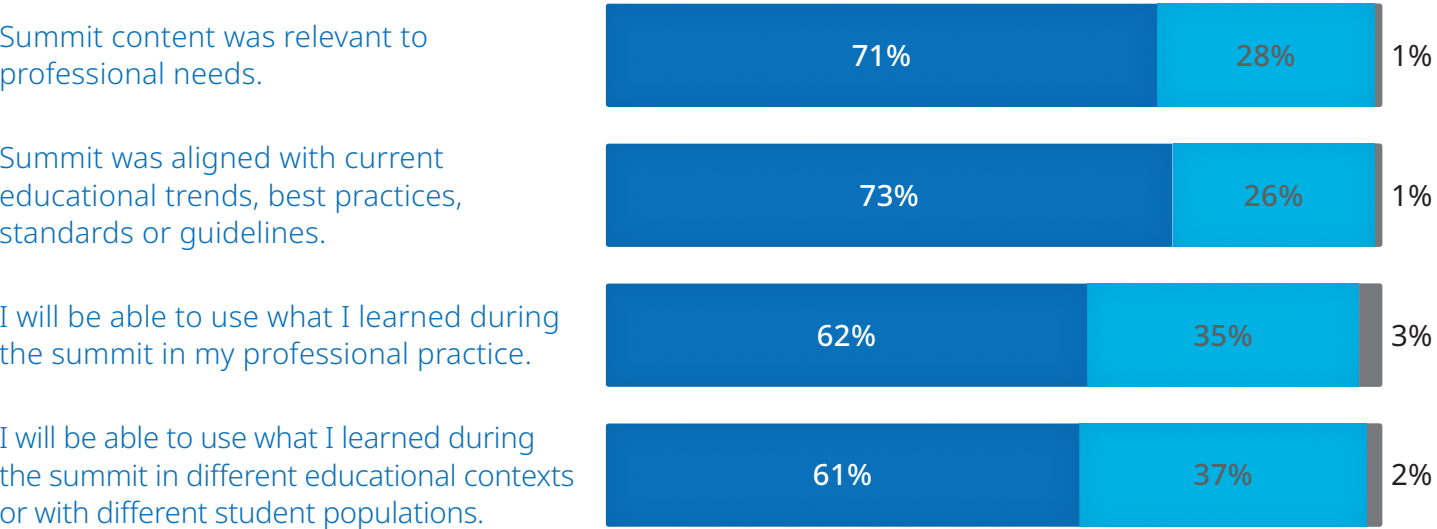
Hosting the Second Annual Mental Health Summit

SBHIP and OCDE’s Mental Health Student Services Act (MHSSA) grant sponsored the Second Annual Mental Health Summit in August 2024.

- The summit had **368** registrants from 10 different counties, with the vast majority (359), from Orange, Los Angeles and San Diego counties. Of Orange County’s 28 districts, 26 participated in the summit. Registrants included 164 school site staff and 93 district office behavioral/mental health staff and were composed of 65 licensed/associate mental health professionals, 63 school psychologists, 64 administrators and 53 school social workers, as well as county office staff, community partners, university/community colleges and private organizations.
- A post-summit survey with **103** respondents revealed that nearly all agreed the content was relevant to their professional needs and aligned with current educational trends, best practices, standards or guidelines. Moreover, nearly all agreed they will be able to use the content in their practice in varying contexts and with different student populations.

Mental Health Summit Feedback (Total Respondents = 103)

Strongly agree Agree Disagree Strongly disagree



Comments from summit participants:

- “This was honestly the best conference I’ve ever attended because the sessions provided concrete things to work on or do or think about. It wasn’t simply theoretical. I feel like I learned more in a single breakout session than I’ve learned in 10 previous conferences. Please keep providing sessions that are founded in concrete and actionable education.”
- “This has been my favorite school-based mental health and wellness event I’ve attended in a long time. The speakers and diversity of topics addressed were very much in line with the work that I do, geared toward clinicians providing mental health support in education.”
- “This was a fantastic summit! The sessions I attended were great and the presenters were so knowledgeable. I am hopeful to attend next year. The keynote speaker was wonderful and interesting to listen to. The fact that the summit was also able to provide breakfast and lunch was a wonderful addition.”
- “[The most valuable learning from the administrative standpoint was] the goal of creating a sustainable continuum of care where every adult in schools understands their role in supporting student academic and behavioral health, integrating school staff and clinicians to enhance school-based mental health services.”

Building New Mental Health Partnerships

School districts initiated additional partnerships with the following organizations during SBHIP to expand access to behavioral/mental health support for students and families across the county:

1. AltaMed

2. Be Well OC

3. Behavioral Emotional & Academic Mentoring (BEAM)

4. BrightLife Kids

5. Care Solace

6. Character Strong

7. CHOC, part of Rady Children's Health

8. Conscious Discipline

9. Crisis Response Network (CRN)

10. Daybreak

11. Didi Hirsch

12. Friends of Family

13. Hazel Health

14. Hope Squad

15. OCDE Crisis Response Network

16. OCDE Student Advocates for Mental Health, Peer Leadership Campaign
17. OCDE Youth Substance Use Prevention Services

18. Olive Crest

19. Orange County Health Care Agency

20. Outreach Concern

21. Panorama

22. Phoenix House

23. Ponzuric Learning Solutions

24. Project Kinship

25. Radiant Health

26. Robyne's Nest

27. Sarah Dooling (private consultant)

28. Social Wise Consulting

29. Straight Talk

30. Villages of California

31. Wellness & Prevention Services

32. Western Youth Services

Comments from school districts about SBHIP:

- “We are grateful for the additional counseling supports. It has made an incredible difference for our students. Thank you!”
- “SBHIP has been a great resource for the district to not only implement interventions that further the progress of school-based mental health services but also ensure adequate training and staffing. Thank you.”
- “Thank you for your support in this transformative initiative. The OCDE team has been extremely helpful in supporting our district to understand this complicated process.”

Children’s Hospital of Orange County (CHOC), part of Rady Children’s Health



Ten WellSpaces in Partnership With OCDE

Initiatives:

- Ten WellSpaces
- School Reintegration Program
- Mental Health Crisis Clinic
- Mental Health Program for Deaf/Hard-of-Hearing Children
- CHOC Autism Comprehensive Care Program

The WellSpace Initiative was designed to support the mental and emotional well-being of youth by creating dedicated space on school campuses for wellness and mental health support. These trauma-informed spaces offer a calm, nonclinical environment where students can self-regulate, access coping tools and connect with mental health trained staff.

Through SBHIP, CHOC, part of Rady Children’s Health, and OCDE focused on supporting schools that serve a significant population of Medi-Cal-eligible students and prioritized sites with strong readiness, leadership support and clear student needs. The initiative directly supports SBHIP’s targeted intervention of building stronger partnerships through the collaboration of CHOC, OCDE, district leaders and school-based mental health leads from initial design through implementation of best practice models.

Each SBHIP-funded WellSpace site (10 in total) is supervised by a district-employed, credentialed staff member with mental health expertise and assigned a mental health specialist from Rady Children’s. Together, they collaborate with the school team to assess the community’s specific needs, identify appropriate services and supports, and provide program guides that ensure mental health integration and alignment with WellSpace use, including services offered through Rady as appropriate.

As part of the readiness for school staff to better understand the purpose and use of the WellSpaces, the OCDE team provided an essential trauma-informed practices introduction presentation to all staff at each of the sites. To ensure the continuous improvement and optimization of the WellSpaces, all SBHIP WellSpace recipients are invited to attend quarterly WellSpace network meetings to connect with peers and learn from each other.

School With New WellSpace	District	Installation Date
Marco Forster Middle School	Capistrano USD	April 10, 2024
Alamitos Intermediate School	Garden Grove USD	June 28, 2024
Ocean View High School	Huntington Beach UHSD	July 19, 2024
Estancia High School	Newport Mesa USD	July 31, 2024
Ball Junior High School	Anaheim Union HSD	August 16, 2024
Loara High School	Anaheim Union HSD	August 16, 2024
Marina High School	Huntington Beach UHSD	August 30, 2024
Lathrop Intermediate School	Santa Ana USD	September 21, 2024
Willard Intermediate School	Santa Ana USD	March 1, 2025
Back Bay High School	Newport Mesa USD	March 22, 2025

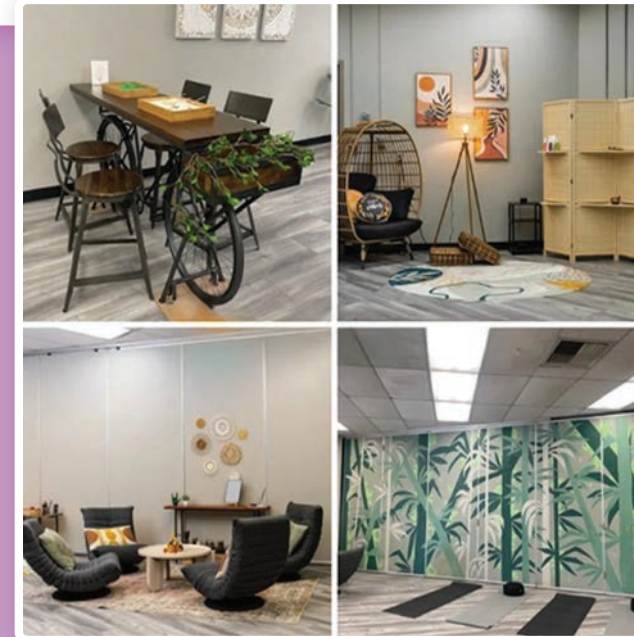
Macro Forster Middle School



Alamitos Intermediate School



Ball Junior High School



Loara High School



Ocean View High School



Estancia High School



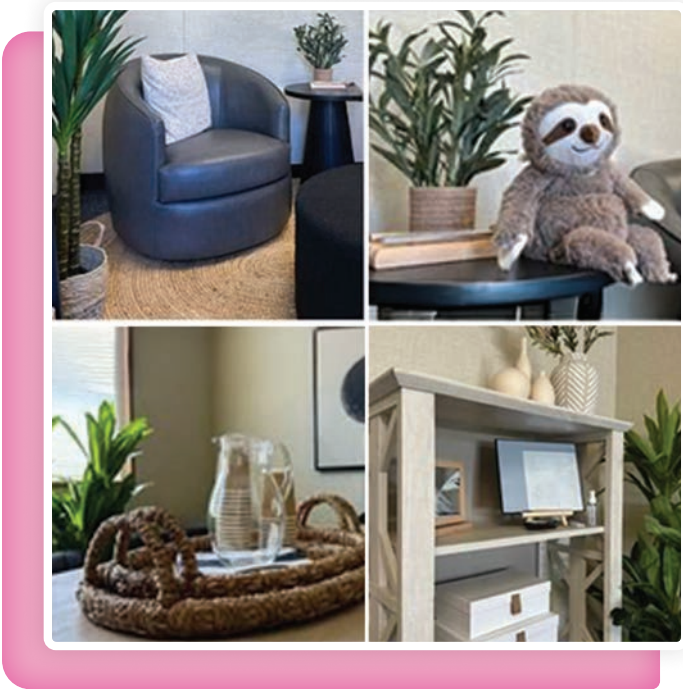
Marina High School



Lathrop Intermediate School



Back Bay High School



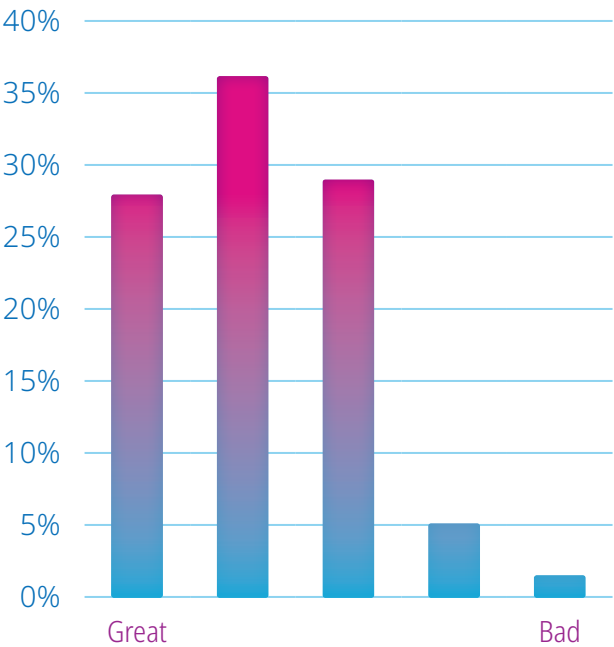
Willard Intermediate School



WellSpaces “Check-In” Data

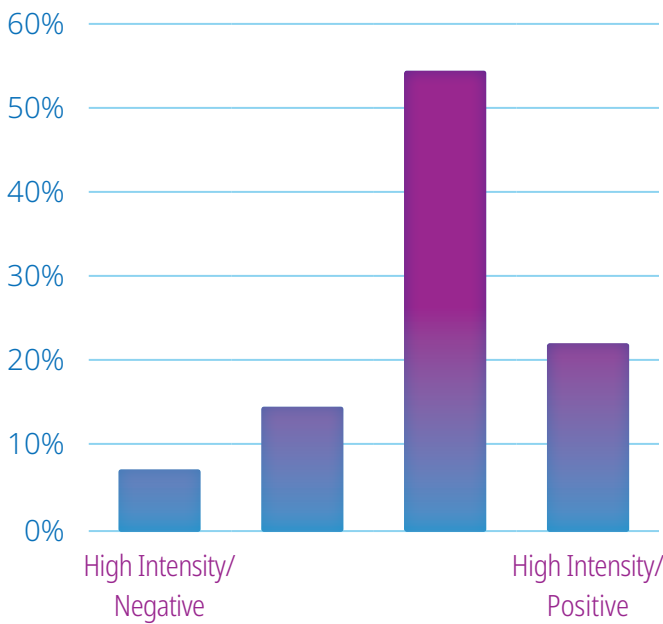
Please note that not all students check in and/or check out.

Current Physical Feeling



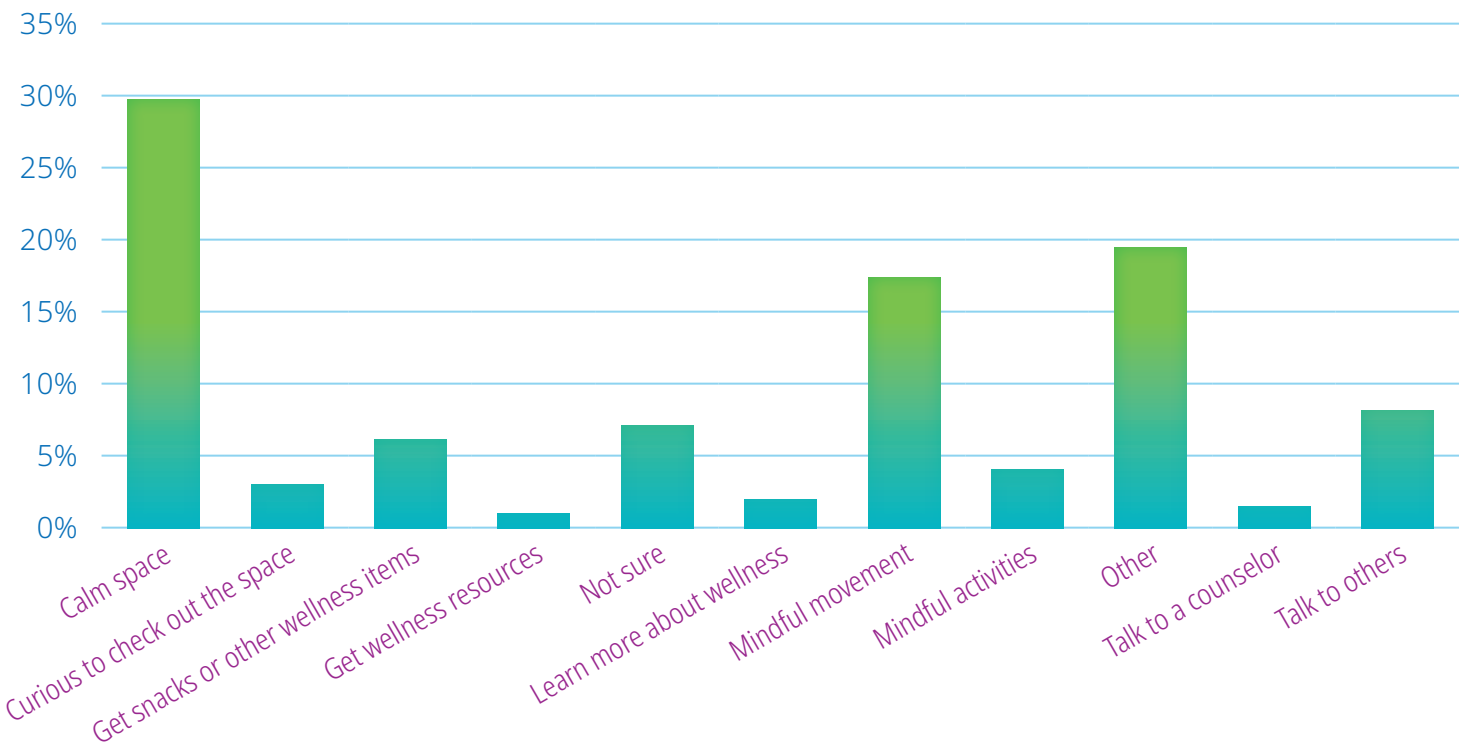
This bar graph captures students’ self-reported current physical feeling upon checking into the WellSpace (n=1,528)

Current Emotional Feeling



This bar graph captures students’ self-reported current emotional feeling upon checking into the WellSpace (n=1,528)

Services and Activities to Access



This bar graph captures the WellSpaces services and activities students anticipated using (n=1,528)

Comments from students about the WellSpaces:

- “I love the wellness space because it makes me feel relaxed and calm. I know I could always count on the counselors to feel safe and be open to talk to.”
- “The WellSpace is a calming place to go to talk about your feelings and is very welcoming.”
- “I can relax and calm myself down if I’m having a stressful day or if I’m mad and I need to chill. It’s a good and safe place to feel or have the need to relax and cool off.”
- “I like that it has a calm atmosphere and there are a lot of things in there to help calm you down.”
- “It’s a welcoming place for me because it’s more calmful. I get to express my feelings and just rest. It helps me out with things I’m struggling on.”
- “It is a welcoming place for me because if I’m ever feeling upset or just don’t feel the same I can always go to our school’s WellSpace to make me feel better.”
- “The WellSpace is a welcoming space for me because it makes me feel safe and releases all of my stress.”
- “Whenever I feel upset or am having strong emotions, I ask to visit the WellSpace so I can talk with my therapist to help me deal with my problem(s).”

WELLSPACE SUCCESS STORY

At one of the sites, a student was found violating the no-hood policy. He refused to remove his hood, eventually confiding to the administrator that the sweater was a gift from his father, who had recently been diagnosed with a terminal illness, and he was using the hood to hide his tears. He then began crying uncontrollably and didn't want to return to class. The administrator arranged a meeting with a counselor, who introduced him to the WellSpace. The student found comfort in a private tent with calming lights and music, which helped him release his emotions and anger. The counselor then invited him to participate in mindful movement. The student initially declined, but after the counselor engaged in mindful movement on his own, he decided to join. The administrator came back and saw the student smiling and talking about his father. He later chose to return to class, and both the administrator and counselor continued to follow up with him. This is one example of how a team used the WellSpace to support a student in processing emotions in a private setting.

School Reintegration Program

Through SBHIP, CHOC hired a school reintegration coordinator to expand School Reintegration Program services. This program acts as a liaison between youth admitted to the CHOC Cherise Mari Laulhere Mental Health Inpatient Center (MHIC), emergency department for Mental Health Emergency Services (MHES) or Mental Health Crisis Clinic (MHCC) and their schools once they are discharged. This helps schools develop reentry plans for children with acute mental health crises. The program was launched within each location:

- MHIC: July 2023
- MHES: February 2024
- MHCC: September 2023

Outcomes:

- **Total Youths Served: 352** from January–June 2025.
 - MHIC: **65%**
 - MHES: **23%**
 - MHCC: **12%**
- **Presentation on Mental Health Needs:** In spring 2025, successfully presented to approximately **60** school nurses across OCDE as part of a program on the mental health needs of school-age children.
- **Parent Satisfaction Survey:** Achieved a perfect score of 5 out of 5 on the parent satisfaction survey, indicating that parents strongly agree that the Student Reintegration Program services helped their child.
- **Secured Additional Funding:** Obtained additional funding to develop supporting documents for both schools and parents, enhancing the program and best practices.



Cherise Mari Laulhere Mental Health Inpatient Center

- **Collaboration With CHOC Population Health:** Partnered with CHOC Population Health to support the School Reintegration Program for youth with medical conditions who have experienced hospitalization and require assistance for school reentry.
- **Ongoing School Reintegration Presentations:** The School Reintegration team continues to provide presentations to schools, district gatherings and external meetings to increase understanding of the program and its benefits.



Mental Health Crisis Clinic (MHCC)

Through SBHIP, the MHCC at CHOC expanded its access capacity to better support children who need screening to return to school. CHOC understands the overwhelming challenges when a child struggles with suicidal thoughts or feelings. Caregivers often find it difficult to know where to start or how to find immediate, appropriate support. MHCC is dedicated to assisting children and families in crisis by offering short-term access to care while awaiting a referral to long-term services. Youth with suicidal ideation and no current therapist can be seen within **72 hours** for an initial evaluation by a mental health clinician, followed by up to

three stabilization sessions. The clinic also provides a resource specialist to help families connect to care based on the clinician's recommendations. This service can prevent emergency department visits and delays in school reentry if a mental health clearance is required. MHCC opened to all CHOC medical staff in January 2024 and to the community, including schools, in February 2024. In December 2024, calls to the **1-800-GET-CHOC** nursing triage team were able to be connected to MHCC seamlessly.

Outcomes:

- Total referrals between January and June 2025: **203**
- Total number of youths seen between January and June 2025: **127**
- Total visits: **271**
- Parent satisfaction scores, year to date for 2025: **89%**

Best Practices:

- Send a child with non-immediate suicidal ideation to an outpatient setting with expertise in assessment and prevention. Our clinic uses dialectical behavioral therapy (DBT), an evidence-based approach for suicidal children.
- To ensure quick appointments, refer stabilized children to community clinicians who use evidence-based treatments, such as Didi Hirsch.
- Implement quick referral processes for mental health disorders, such as autism with aggressive behavior or severe anxiety without suicidal behavior, and for children under 8 years old. Expanding this model to include other disorders can further enhance its effectiveness.
- Provide parents with an appointment time at referral to improve attendance. Our clinic is working on offering appointments at the referral point.

Mental Health Program for Deaf and Hard-of-Hearing Children

Through SBHIP, Dr. Paige Johnson, a psychologist who is deaf, was hired to provide expertise and guidance to Orange County school districts to support the mental health needs of their deaf and hard-of-hearing youth population.

Outcomes:

- Dr. Johnson delivered several presentations to schools on the educational and social-emotional needs of children who are deaf or hard of hearing.
 - Discovered that shorter, on-demand educational videos are more accessible and easier for teachers to digest.
- Created two short educational videos for teachers about deaf and hard-of-hearing children.
- Planned collaboration with the Mental Health Education Program (MHEP), OCDE and school districts to promote and distribute these resources more widely.
- Consulted with professionals who provided information on how the referral process works for deaf children from when they are first diagnosed to determining educational placements.
- Consulted with mental health team members, deaf and hard-of-hearing educators, audiologists and administrators with six of the deaf and hard-of-hearing educational programs in the county to identify mental health needs of their deaf and hard-of-hearing students and ways to increase access to these services.



CHOC Autism Comprehensive Care Program

Through SBHIP, CHOC launched a new Autism Comprehensive Care Program. The program addresses the significant gap in mental health services for children ages 12–17 with autism spectrum disorder (ASD). Many children with autism struggle to access appropriate mental health care due to a lack of trained providers and the challenges posed by autism-related behaviors. This program offers specialized, culturally sensitive services tailored to these children’s unique needs.

For the initial cohort, the neurodevelopmental psychology team had six patients complete the full intake assessment, with four joining the cohort. The pilot program launched in March 2025 and included 21 group sessions over seven weeks. The four participants expressed joy in learning new skills and felt the sessions were a safe place to practice social interactions.

Therapeutic Approaches

One distinctive feature of the program is the integration of Radically Open Dialectical Behavior Therapy (RO-DBT), which helps children with autism develop emotional openness and flexibility. Additionally, the program incorporates the Program for the Education and Enrichment of Relational Skills (PEERS), an evidence-based social skills program for adolescents with autism. Together, these approaches offer a comprehensive method to improve the mental health and social functioning of children with autism.

Future Plans

The program will continue to partner with CalOptima Health and Orange County school districts to start another cohort in fall 2025, with plans for another cohort in spring 2026.



Western Youth Services (WYS)

Through SBHIP, WYS built a comprehensive Behavioral Health Training Program for Orange County school staff. Training modules focus on trauma-informed, brain-based strategies to improve student well-being and academic success. The program includes live sessions and on-demand access, covering topics such as trauma, behavior management, coregulation, LGBTQIA+ inclusion, adolescent substance use, resilience and mindfulness.

To further support educators, WYS introduced short-form microtrainings with practical strategies for immediate classroom use. These accessible insights help educators build confidence and capacity without adding to their workload.

Outcomes:

Since launching in mid-2024:

- Approximately 65% of Orange County school districts accessed the training curriculum through live/virtual sessions, in-person workshops or the LearnDash Learning Management System (LMS) platform.
- The on-demand format is available for new staff and current staff seeking a refresher.

Overwhelmingly positive feedback:

- 98% of participants rated the training quality as good, very good or excellent
- 97% reported they learned something they could apply immediately
- Testimonials cited the trainings as refreshing, relatable and impactful

Post-Training Support

Participation in virtual office hours revealed educators’ need for personalized, flexible support. These coaching sessions helped educators apply training concepts like practical strategies for challenging behaviors in real time. WYS also provided consultation to multidisciplinary teams engaged in triaging and coordinating care for students across all three tiers of support. These collaborative sessions helped build systemwide capacity among educators and staff, supporting early identification of student needs, streamlining access to care and increasing overall efficiency in service delivery.

Lessons Learned

- Concise and accessible training formats had a high impact.
- Shorter courses increased participation, instilled hope and promoted lasting change.
- Training based on neuroscience and resilience frameworks resonated with educators.
- Flexible formats (live and on demand) were essential.
- Focused content and practical tools supported educators across various roles and settings.

Hazel Health



Through SBHIP, Hazel Health increased access to mental health services for all students by removing barriers often encountered when seeking access in more traditional, in-person therapeutic spaces, such as transportation, insurance coverage and language accessibility. Hazel Health ensures that students have access to services from home or school at no cost to their family, regardless of insurance coverage. Additionally, Hazel Health strives to hire clinicians who reflect the student population, increasing access to care with a high level of cultural competency and services in a family's primary language.

Outcomes:

Between January 2024 and July 2025:

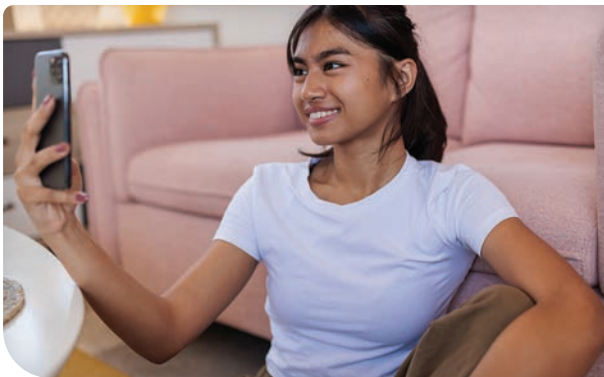
- A total of **19 of the 28 school districts** signed direct contracts with Hazel Health Telehealth Services.
- **More than 260,000 students** now have access to Hazel Health.
- **More than 3,000 students** have been referred by guardians and staff. To date, **455** trained staff members have submitted a referral for a student.
- **More than 8,600 visits** have been completed, including during winter, spring and summer breaks.
- In addition to direct services, Hazel Health provides care coordination for students who may benefit from long-term mental health care or have other needs such as food or housing insecurity. Hazel Health has worked hard to understand the existing ecosystem of mental health services across Orange County. It has built a library of more than **75** community-based organizations for which it can refer students for care, including WYS. To date, Hazel Health's Family Resource Management team has provided **572** students with referrals for community-based support.



In the 2024–25 school year, **55% of elementary students** referred to Hazel Health were male, and the top reason was challenging behavior.

Across Orange County, the top reasons for referrals to Hazel Health for middle and high school students were anxiety, sadness, withdrawal and motivation. Females were more likely to be referred than males.

When looking specifically at high school students, absences were the sixth most common reason for a referral, reflecting the work that Hazel Health has done with child welfare and attendance teams to support students from home.



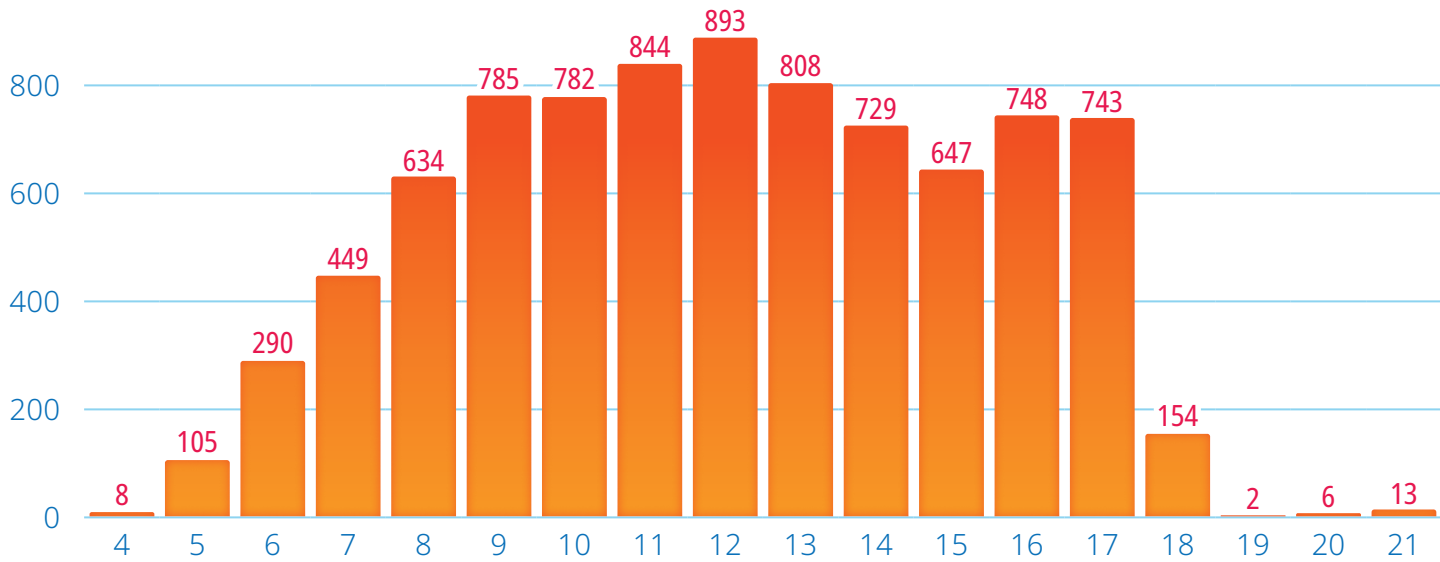
HAZEL HEALTH SUCCESS STORIES

A young elementary client was a recent immigrant presenting with acculturation difficulties, aggressive behavior and emotional dysregulation. They would frequently hit peers and teachers. We would begin each session with the student sharing that they got in trouble again. Through consistent interventions utilizing mindfulness, play and role playing, my client began reporting less consequences and reduced aggression. Today this student shared that they received a Super Citizen Award! They are enjoying more friendships and are overall a more adjusted student.

The student was initially referred for services to address symptoms of anxiety and depression, which included persistent sadness, feelings of overwhelm, difficulty setting boundaries, emotional suppression and a lack of motivation related to school responsibilities. Over the course of treatment, the student made significant progress in managing these symptoms. They reported a marked decrease in depressive symptoms, including improved mood, increased energy and greater emotional awareness. They learned and consistently applied organizational tools that helped them manage academic responsibilities and reduce stress, such as using planners, breaking tasks into manageable steps and setting realistic goals.

By the time of discharge, the student demonstrated greater emotional regulation and an increased ability to remain calm in the face of stress. They began allowing themselves to take breaks when needed and were able to think through potential outcomes before reacting, showing growth in both emotional intelligence and executive functioning. These are all great tools as they are graduating high school and beginning their college career!

Completed visits by age



Race/ethnicity for Orange County students accessing Hazel Health services

- 48% Hispanic
- 18% White
- 13% Asian American and Pacific Islander (AAPI)
- 12% Unknown (data not provided)
- 6% Two or more races
- 2% Black
- <1% American Indian

CalOptima Health: Building New Partnerships During SBHIP California School-Based Health Alliance

CalOptima Health was the presenting sponsor for the California School-Based Health Alliance (CSHA) School Health Conference, titled “The Power of Partnerships,” held on April 28–29, 2025.

- The event was hosted by the CSHA, a statewide nonprofit organization that advances increased access to primary and behavioral health services for public school students.
- As the presenting sponsor, CalOptima Health was positioned to support behavioral health services in Orange County schools and disseminate knowledge gained from the SBHIP partnerships and achievements to attendees from schools in Orange County and around the state.
- **Carmen Katsarov**, LPCC, CCM, Executive Director, Behavioral Health Integration, CalOptima Health; **Mayu Iwatani**, MSW, PPS, Senior Administrator, Mental Health and Wellness, OCDE; and **Dawn Smith**, LCSW, Assistant Deputy Director, Children and Youth Behavioral Health, HCA, conducted a workshop on April 28, 2025, titled “One County, One Cause: Transforming Mental Health Access Through Partnership.” Our SBHIP partners, CHOC, WYS and Hazel Health, shared valuable insights into the partnerships and implementation during SBHIP.
- The workshop explored how Orange County strengthened partnerships among key stakeholders to impact accessibility of mental health services for the county’s K–12 students. It also highlighted how organizations pooled resources, expertise and outreach by evolving existing collaborations to create a more comprehensive support system. Finally, this workshop covered how aligning efforts toward a shared cause fosters innovation, addresses barriers and builds sustainable pathways for students and their families to obtain mental health services.
- CSHA began participating in CalOptima Health’s SBHIP partners meetings in fall 2024, leveraging its subject matter expertise and best practices in delivering high-quality, comprehensive school-based health care.



CalOptima Health leads a session at the CSHA School Health Conference. Speakers include, from left, Nicole Wohlgemuth, LMFT, Program Development Director, Western Youth Services; Jessica Arens, Orange County Account Manager, Hazel Health; Carmen Katsarov, LPCC, CCM, Executive Director, Behavioral Health Integration, CalOptima Health; Dawn Smith, LCSW, Assistant Deputy Director, Children and Youth Behavioral Health, Orange County Health Care Agency; Mayu Iwatani, MSW, PPS, Senior Administrator, Mental Health and Wellness, Orange County Department of Education; and Terri Iler, EdD, Director, Community Clinical Outreach, CHOC.

SBHIP Partners: Key Takeaways and Lessons Learned

- **Student-centered approach:** Prioritize students and the care system.
- **Sustained commitment:** Consistently work to break down silos.
- **Dedicated collaboration time:** Allocate time for collaboration and conversation.
- **Leverage expertise:** Utilize each other’s areas of expertise.
- **Adaptability:** Be ready to pivot with changes (e.g., leadership, initiatives and priorities).
- **Transparent communication:** Share information promptly and openly.
- **Stakeholder buy-in:** Revisit topics to ensure stakeholder agreement.
- **Common terminology:** Learn and merge each other’s terminology.
- **Receptive to feedback:** Be open to feedback and changes.



SBHIP In the News

CalOptima Health works with the media to promote the impact of SBHIP in Orange County. Click on two examples of TV coverage that highlight WellSpaces, which are designed to support the mental and emotional well-being of youth by creating dedicated spaces on school campuses for wellness and mental health support. Through SBHIP, CHOC, part of Rady Children’s Health, and OCDE collaborated on 10 WellSpaces.



ABC7 Report on School-Based Mental Health

ABC7’s Jessica De Nova highlights the launch of the SBHIP initiative, which includes WellSpaces and work with Orange County school districts to expand their behavioral health staff.



NBC4 Covers New WellSpace Opening

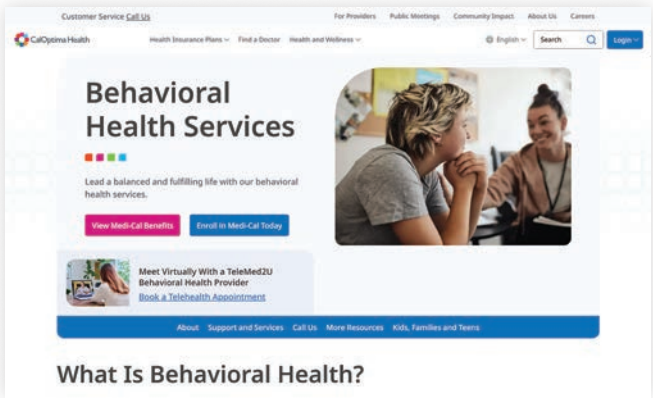
NBC4’s Colleen Williams introduces reporter Hetty Chang’s coverage of the grand opening of the WellSpace at Loara High School in Anaheim.



CalOptima Health Promotes Behavioral Health Online

In April 2025, CalOptima Health launched a redesigned website that includes specialized content to support Medi-Cal members’ behavioral health. The section highlights covered benefits as well as resources available for mental wellness. In addition, a list of FAQs helps members get answers and find needed information.

www.caloptima.org/behavioralhealth





CalOptima Health



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