



Manual

Updated March 2023



What is SchoolLink?

SchoolLink is a partnership between the County of San Diego and local school districts to provide behavioral health services at schools. This SchoolLink training program provides an overview of SchoolLink, template forms, best practices for linking students to behavioral healthcare services, and additional resources.

There are many campus and community-based behavioral health resources, but many students, parents and school personnel don't know they exist or how to access them. To help solve this challenge, a team from the County of San Diego, San Diego Unified School District, Community Research Foundation and Price Philanthropies developed this SchoolLink training for providers and school staff.

It shares successful strategies for linking students to behavioral health services and provides resources to help school staff and providers better understand:

- Available services
- Referral processes
- School staff and provider roles and responsibilities
- Best practices for outreach & communication

Visit <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/schoolink.html> to access SchoolLink training modules or just click on a specific topic area. You'll also find helpful reference materials, like standardized referral forms, sample meeting agendas and more.

SchoolLink Key Terms

- Behavioral health services: a continuum of prevention, intervention, treatment and recovery support services for mental health and substance use
- County-funded: services funded through the County of San Diego's Health & Human Services Agency's Behavioral Health Services Division
- Provider: unless otherwise specified, a County-funded behavioral health provider

For administrative information or to provide feedback about the SchoolLink training program, please email BHSContactUs.HHSA@sdcounty.ca.gov with subject line: SchoolLink or call 619-563-2700 and ask to speak with the Deputy Director of Behavioral Health Services for Children, Youth, and Families.

TABLE OF CONTENTS

COVID-19 Updates.....	4
Module 1: Prevalence	8
Module 2: Access & Eligibility.....	9
Module 3: Annual SchoolLink Meeting.....	12
Module 4: Referral, Screening, Assessment & Consent	14
Module 5: Treatment.....	16
Module 6: Confidentiality	18
Module 7: Suicide & Self-Harm Response	19
Module 8: Special Education	21
Module 9: Outreach & Engagement.....	25
Module 10: Add/Remove SchoolLink or Change Provider Organizations	26
Module 11: SchoolLink Background	28

FORMS

- 1 – SchoolLink Annual Meeting Agenda
- 2 – Annual SchoolLink Plan
- 3 – SchoolLink Student Referral Form
- 4 – SchoolLink Monthly Communication Log
- 5 – SchoolLink Brochure
- 6 – SchoolLink COVID-19 Flier

APPENDICES

1. SchoolLink Service Structure
2. Behavioral Health Access Poster
3. SchoolLink Threshold Guidelines
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

COVID-19 Updates

As we enter the 2020-2021 school year, it has never been more important for Behavioral Health Services (BHS) providers to engage with their school partners to ensure youth and families receive the support and services they need through telehealth and/or face-to-face sessions. Ongoing outreach to schools and families and simplifying referral processes are critical to ensuring timely access to care.

San Diego schools quickly shifted from in-person to distance learning due to the COVID-19 pandemic and California's stay at home order in March of 2020. Since then, behavioral health service utilization for children and youth has decreased, despite overwhelming media, school staff and anecdotal reports of increased student distress and isolation. In response, the SchoolLink system of care is adjusting protocols and service delivery to ensure that students get the care they need. This SchoolLink Module provides guidelines and best practices for BHS providers during the COVID-19 pandemic.

Framework for Care

- Providers are reminded to view service delivery through the lens of the social determinants of health and the five *Live Well San Diego* areas of influence outlined in the [Children Youth and Families Framework](#).
- During the COVID-19 pandemic, providers may spend a portion of each appointment assessing and educating the client/caregivers about the importance of sleep, physical activity, daily schedules, nutrition/healthy eating, and safe socialization as they pertain to the client/caregivers' mental health and treatment plan.

Connecting with Schools

- Due to the rapidly changing environment, BHS Program Managers are expected to have no less than monthly contact with schools assigned to their program, and more frequently if needed or when finding that referrals are not being received.
- Annual SchoolLink Meeting - while meetings require a different format this school year, it is critical that BHS providers schedule their Annual SchoolLink Meetings as soon as possible with their assigned schools.
 - [Module 3](#) provides detailed information regarding Annual SchoolLink Meeting requirements.
 - Providers will work with their assigned schools to modify processes and services in the context of distance learning and remote work.
 - It is critical to update the BHS provider and school points of contact for referrals, where and how to submit referrals, and required referral information.
 - BHS providers shall make at least a weekly call and/or email attempts to set-up their Annual SchoolLink Meetings until they are able to connect with the appropriate school staff and solidify plans for the beginning of the 2020-2021 school year. Respecting that schools are initially focused on initiating remote learning, the weekly outreach by BHS providers will ensure that the behavioral health component is prioritized.
 - BHS providers are to notify their COR if they are unable to schedule the Annual SchoolLink Meeting within six weeks of the start of school.
- BHS Providers may also contact schools that are not assigned to any SchoolLink providers, but refer to outpatient clinic location(s) to ensure they are aware of how to refer students and caregivers for services. This practice will promote outreach and engagement that is particularly important during the pandemic.

Service Delivery Models: Telehealth and Face-to-Face Option

- As an essential service, BHS programs must have clear guidelines for program staff on how to work with the clients and families upon receipt of referrals.
 - Client choice is always a priority. Programs should work with families to establish their preference for therapy delivered face-to-face or via a telehealth platform.
 - Programs must have systems in place to appropriately respond to urgent/high risk referrals and/or existing clients experiencing a crisis.
 - Programs need to have a protocol to educate families in advance on what to expect when they select telehealth or face-to-face services.
 - Programs need to evaluate and tailor the length and frequency of therapeutic interactions based on client needs (i.e. – increased number of contacts for a shorter period). Session based Utilization Management (UMs) are currently suspended to reduce any barriers with modifying service delivery when indicated.

Best Practices

The overarching goal is to formalize best practices at the program level that will promote timely access to care and remove and minimize barriers with an emphasis on flexibility. Successful implementation is often contingent on having program level practices that are clearly communicated to program staff with continual review of the implemented practices and ongoing adjustments as needed.

Referrals

- BHS Providers should accept SchoolLink referrals via phone, fax or encrypted email.
- School staff is not required to use the SchoolLink Referral Form during distance learning/remote work.
- As long as a legal guardian has provided verbal or written consent to school staff to submit a SchoolLink referral, BHS Providers should work to accept the referral with limited information. BHS Providers' emphasis should be placed on following up directly with the family to gather additional information.
- Review the [HIPPA-FERPA Infographic](#) for questions about permitted sharing of student information.

School Communication

- The most productive BHS providers maintained very regular communication with their school partners during spring distance learning.
- Some schools added SchoolLink referrals as a standing agenda item for virtual staff meetings. Teachers were encouraged to forward the names of students they were concerned about to the school's SchoolLink point of contact, who would then follow-up with the family to get the required consent and make a referral. This reminded school staff about SchoolLink resources and increased referrals. BHS Providers can highlight this best practice when they communicate with schools.
- After launching the Annual SchoolLink Meeting, a best practice is for the BHS provider to check-in with their school contacts at least biweekly and share their updated Monthly Communication Log more frequently as needed.

- As the impacts of the pandemic continue to evolve, having a reliable pathway for frequent and consistent communication will allow adjustments to be made in real time for schools and providers, which will promote optimal care for children, youth, and families.

Outreach & Family Communication

- BHS providers must prioritize providing updated and ongoing SchoolLink outreach materials to their sites, including:
 - Draft social media posts for the school's social media channels;
 - Draft emails for school leadership to send to teachers about SchoolLink services, referral processes and potential student warning signs;
 - SchoolLink flyers that can be sent to a school's parent email list and posted in Google Classrooms or other learning platforms.
 - Sample scripts that school leadership can use to record robo-calls about SchoolLink services; and
 - Sample texts about SchoolLink services that schools can disseminate via Remind or other texting applications.
- Updated SchoolLink flyers and communications templates are located under [SchoolLink Resources](#). Remember, all independent brochures/flyers must be reviewed by the COR.
- Outreach materials should encourage families to contact the Access & Crisis Line or SchoolLink providers directly if they are concerned about their child. Including Access & Crisis Line information is important as they can support linkages beyond SchoolLink.
- Some providers are offering information sessions for families if they want to learn more about SchoolLink services before agreeing to therapy for their child. This can be a less intimidating way to initiate care and is considered a best practice.
- Having separate written protocols for staff, caregivers, and clients (age appropriate) about how to successfully engage in telehealth is a best practice.
- Families must be given the choice of working with other SchoolLink or BHS providers if needed due to location, schedule, wait lists or other considerations.

Suicide, Crisis and High-Risk considerations:

- Suicide Prevention - [The San Diego Suicide Prevention Council](#) has disseminated resources to support schools and those providing behavioral health services to youth/students, including self-care tips, [suicide prevention and intervention toolkit](#), and [resources and considerations specific to preventing suicide during distance learning](#).
- The Center for Practice Intervention developed a guide for [Managing Suicidal Students during the COVID-19 Pandemic](#).
- Child Welfare Service (CWS) Reporting - CWS referrals in April and May of 2020 were down by approximately 40-50%. BHS Providers may encounter a higher frequency of unreported child abuse in the coming months, should make all mandatory reports, and work in partnership with CWS as needed.

Advancing the System of Care:

- The SchoolLink COVID module is intended to guide BHS Providers and is to be shared with the program staff.
- BHS providers are encouraged to also share the module with their school contacts to highlight the philosophy of coordination and flexibility, as well as promote the exchange of resources.

- BHS providers are encouraged to share their best practices with the County of San Diego COR so they can be shared with other providers and potentially incorporated into an updated module so the system as a whole can benefit from effective practices.

Recognition:

BHS Providers, school districts, and many other entities are doing tremendous work in promoting and adjusting practices that lead to optimal support to the members of the community. Another critical best practice that is being promoted is the self-care of the workforce that is also personally impacted by the pandemic. Collectively, the San Diego community is coming together and supporting each other. Thank you for your contributions!

Resources:

[San Diego Access & Crisis Line](#)

1-888-724-7240 (24 hours, 7 days per week, over 150 languages)

[County of San Diego COVID-19 Information](#) that links to the HHS website and many other resources.

[San Diego County Office of Education \(SDCOE\) Mental Health Resources](#)

[SDCOE Teen Guide to Mental Health and Wellness \(English\)](#)

[SDCOE Teen Guide to Mental Health and Wellness \(Spanish\)](#)

[SDCOE A Young Person's Guide to Wellness](#)

[Heard Alliance's K-12 Toolkit for Mental Health Promotion & Suicide Prevention](#)

[National Association of School Psychologists' Comprehensive School Suicide Prevention in a Time of Distance Learning](#)

[Center for Practice Innovations' Telehealth Tips: Managing Suicidal Students During the COVID-19 Pandemic](#)

[Technology Checklist for School Telehealth Services](#)

[The PREPaRE Model, Crisis Intervention, and Global Pandemic](#)- a sequential, hierarchical approach to school crisis preparedness that illustrates its application when responding to the stress generated by a pandemic.

[HIPAA-FERPA Infographic](#)

[National Domestic Violence Hotline](#)

For any victims and survivors who need support, call 1-800-799-7233 or 1-800-787-3224 for TTY, or if you are unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522

[TASK](#)

TASK helps families navigate special education, disability services and assistive technology.

MODULE 1

Prevalence

The prevalence of children and youth impacted by mental disorders is well documented.

1. One in every four to five youth in the general population meet criteria for a lifetime mental health disorder. (Merikangas, He, Burstein, et al., 2010)
2. The onset for 50 percent of adult mental health disorders occurs by age 14, and for 75 percent of adults by age 24. (Kessler, et al. 2007)
3. In the United States, 75 to 80 percent of children and youth in need of mental health services do not receive them. (Kataoka, et al 2002)
4. Youth with untreated mental illness have high rates of absenteeism and tardiness. Referral to a school-based mental health center or to counseling can help to reduce absenteeism rates by 50 percent and tardiness rates by 25 percent. (Gall, Pagano, Desmond, Perrin, & Murphy, 2000)
5. The rates of suspension and expulsion of children and youth with mental disorders are three times higher than their peers. (Blackorby & Cameto, 2004)
Source: <https://youth.gov/youth-topics/youth-mental-health>
6. 6% of 12 graders report daily use of marijuana. (Monitoring the Future Survey, December 2018)

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. These partnerships have found to significantly:

1. Improve schoolwide truancy and discipline rates.
2. Increase the rates of high school graduation.
3. Help create a positive school environment in which a student can learn and be successful in school and in the community.

Source: <https://youth.gov/youth-topics/youth-mental-health/school-based>

MODULE 2

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. For a printable poster, go to the [SchoolLink website](#). If a student is experiencing a behavioral health crisis, call 911 or the Access & Crisis Line at 888-724-7240.

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, in a community setting or home in some circumstances, 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.

In a nutshell:

- o Student has a mental health or substance use diagnosis
- o The behavioral health disorder is or will impair an important area of life functioning
- o There is a reasonable expectation that intervention will help

For more information, go to:

https://www.dhcs.ca.gov/formsandpubs/MHArchiveLtrs/MH-Ltr01-01_enclosure1.pdf

http://www.dhcs.ca.gov/services/adp/Documents/Title_22_Diagnosis_Medical_Necessity_DSM.pdf

- 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.

2. County-Funded Community-Based Behavioral 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.

In a nutshell:

- o Student has a mental health or substance use diagnosis
- o The behavioral health disorder is or will impair an important area of life functioning
- o There is a reasonable expectation that intervention will help

For more information, go to:

https://www.dhcs.ca.gov/formsandpubs/MHArchiveLtrs/MH-Ltr01-01_enclosure1.pdf

http://www.dhcs.ca.gov/services/adp/Documents/Title_22_Diagnosis_Medical_Necessity_DSM.pdf.

- Medi-Cal enrolled or low income and uninsured or underinsured youth up to 21 years old.

How to Access

- Call the Access & Crisis Line at 888-724-7240 to ask for the closest providers by zip code.

3. Medi-Cal Health Plans

Overview

- Medi-Cal health plans 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 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.

Behavioral health phone numbers:

Aetna- 855-772-9076

Care1st- 855-321-2211

Community Health Group- 800-404-3332

HealthNet- 888-426-0030

Kaiser Permanente- 877-496-0450

Molina Healthcare- 888-665-4621

UnitedHealthcare- 866-270-5785

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 and related co-pays will depend on the terms of 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.

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/>
- Call 211 San Diego to ask for the closest federally qualified health center with behavioral health services.

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 primary care provider for a behavioral health appointment or referral.

Special Education Related Services

See the Special Education section (page 17) for eligibility and referral information for special education related behavioral health services.

KEY POINT

There are multiple ways students can access behavioral health services, all of which depend on their family income, insurance status, and symptoms. When in doubt, school staff can refer students to a SchoolLink provider on their campus. They will assess the student and 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 to connect to care.*

RESOURCES

San Diego County Access & Crisis Line at 888-724-7240

San Diego County Medi-Cal Program website

https://www.sandiegocounty.gov/hhsa/programs/ssp/medi-cal_program/index.html

MODULE 3

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.

WHO SHOULD ATTEND?

The following staff will attend the Annual Meeting:

- Principal or designee
- School psychologist, counselor and/or nurse
- Behavioral health provider
- District liaison (optional)

TOOLS AND RESOURCES

The following resources have been developed to support your SchoolLink partnership at the meeting and throughout the year:

- 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 Communication 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.*

To download documents, go to the [SchoolLink website](#).

KEY MEETING OUTCOMES

Below are outcomes and related questions that MUST be answered during the meeting and documented in the annual plan.

1. 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 parent?
2. 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?
3. Formalize the communication and outreach plan
 - How will teachers and parents learn about these services?
 - What meetings can the provider attend to promote these services?

- What is the provider allowed and not allowed to share with school staff about the student's treatment?
4. Resolve any facility, process or procedure questions
- What office can the provider use?
 - What is the best way to pull a student from class?
 - What are the school site's emergency procedures?

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 4

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.

REFERRAL

School staff initiates the referral process using the SchoolLink Referral Form.

Below are formalized steps required for a successful referral process.

1. **Complete the Referral Form** - Include all of the necessary informational elements, including parent 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.

1. **Contact guardian for eligibility screening** - The provider contacts the student's guardian to screen for whether the students' symptoms and financial status meet SchoolLink eligibility criteria.
2. **Determine if additional screening is needed** - Sometimes school staff identify behavioral health concerns that the 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.
3. **Student does meet 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 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 introduction between the provider and guardian.
- 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 section (page 14) 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.

Consent Exceptions: There are certain circumstances related to abuse and self-harm in which a minor, age 12 or older, may consent to their own treatment. If school staff have concerns related to obtaining guardian consent, they should discuss them directly with the behavioral health provider.

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 5

TREATMENT

During the assessment process, the behavioral health provider will develop an individualized client plan for the student. Although each plan is unique, students typically receive treatment for 3-6 months. These services can be provided on-campus or in a home or community setting, depending on the family's need and the providers availability.

SchooLink treatment services may include:

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

SchooLink services are designed to be episodic, so treatment ends when the client plan goals 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.

COMMON ISSUE – LENGTH OF TREATMENT

Sometimes there are disagreements about the length of treatment. Like most managed care plans, the County of San Diego has a utilization management program for SchooLink services that monitors the number of approved SchooLink therapy sessions. In most situations, effective treatment for youth is focused and time limited. SchooLink 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 always be referred back for additional SchooLink services.

Serious disagreements regarding length of treatment should be escalated to the provider's supervisor as identified in the Annual SchooLink 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.

The behavioral health provider will submit the Monthly Communication Log to the school liaison 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.

Scenario Set-Up

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. Her treatment plan includes 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 from 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, discipline and behavior strategies for students.

These benefits can only be achieved if 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 6

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
- Treatment modality
- Whether the student is participating in treatment
- Whether the student is responding to treatment
- Information identified on an authorization to disclosure of information form signed by the guardian

What information is the behavioral health provider not able to share with school staff?

- Written treatment records
- Personal or family information disclosed during the session
- Details about what the student does and says during treatment
- Copies of Child Protective Services 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
- Parent contact information
- 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.)

MODULE 7

SUICIDE AND SELF-HARM RESPONSE

Emergency response procedures vary by school district. This information represents key considerations that will help in emergency behavioral health situations.

Below are appropriate responses to a threat or action of suicide or self-harm.

1. **Policies & Procedures** - At the Annual SchoolLink Meeting, school staff shares a copy of the school's suicide/self-harm policies and procedures with the provider.
2. **Roles & Responsibilities** - Schools have a legal duty to supervise their students and ensure they are in a safe, secure and peaceful environment. 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.
3. **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.
4. **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.

RESOURCES

Emergency resources:

- 911
 - o Request 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.
 - o Request an ambulance or other emergency assistance.
- Emergency Screening Unit
 - o Provides emergency mental health services for children and adolescents under age 18 who are experiencing a mental health emergency or crisis. **Address:** 4309 Third Avenue San Diego, CA 92103. **Telephone** (619) 876-4502.
- North County Crisis Intervention and Response Team (CIRT)
 - o Provides voluntary walk-in and mobile assessment for children, adolescents and young adults who are in need of emergency assessment and mental health services in the North County Region of San Diego County. **Addresses:** 225 W. Valley Parkway, Suite 100 Escondido, CA 92025 and 1020 S. Santa Fe Avenue, Suite B-1 Vista, CA 92085. **Telephone:** Escondido – (760) 233-0133, Vista – (760)305-8225.

Suicide prevention resources:

San Diego Suicide Prevention Council: <http://www.sdchip.org/initiatives/suicide-prevention-council/>

San Diego Youth Services HERE Now Program:

https://sdyouthservices.org/what_we_do/services/suicide-prevention-and-intervention/

Yellow Ribbon Suicide Prevention Program San Diego: <http://www.yellowribbonsd.org/>

School threat resources:

SDCOE Threat Assessment: <https://www.sdcoe.net/student-services/student-support/Pages/Threat-Assessment.aspx>

Sandy Hook Promise: https://www.sandyhookpromise.org/prevention_programs

KEY POINT

School staff is responsible for leading the response to any threat or action of suicide or self-harm.

MODULE 8

SPECIAL EDUCATION

It is common to be confused about whether a student should be referred for County-funded behavioral health services 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.

Below 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; and/or
 - Partnering with county behavioral health departments to leverage existing services or contract for additional services.

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:

- Autism
- Deafness
- Blindness
- **Emotional disturbance**
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment, including blindness

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

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:

- 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.

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

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's Office of Ombudspersons. For more information, go to <https://www.sandiegounified.org/special-education-ombudspersons>.

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 or not the district will assess the student for special education services, and the associated reasons.
- If the district is in agreement 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 IEP meeting.

- If the student is found eligible for special education services, school staff will develop an Individualized Education Plan (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.
- IDEA and the California Education Code provide a number of educational rights and procedural safeguards for guardians of children with disabilities. For more information, go to: <https://www.cde.ca.gov/sp/se/qa/pseng.asp>

COMMON ISSUE – ROLE IN IEP PROCESS

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's Educationally Related Mental Health Services Overview
<https://www.schoolhealthcenters.org/start-up-and-operations/funding/mental-health/ermhs/>

California Department of Education: Notice of Procedural Safeguards
<https://www.cde.ca.gov/sp/se/qa/pseng.asp>

Center for Parent Information and Resources- Emotional Disturbance
<http://www.parentcenterhub.org/emotionaldisturbance/>

U.S. Department of Education's IDEA website
<https://sites.ed.gov/idea/>

alfrEDU App- Accessing & Leveraging Families Rights to Education

<http://alfredu.namisaniego.org/>

or the iOS or Android App Store

San Diego Unified School District's Special Education website

<https://www.sandiegounified.org/special-education>

Understood: For Learning and Attention Issues

<https://www.understood.org/en/school-learning/your-childs-rights/basics-about-childs-rights/individuals-with-disabilities-education-act-idea-what-you-need-to-know>

TASK – Helps families navigate special education, disability services and assistive technology

<http://taskca.org/>

MODULE 9

OUTREACH AND 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.

Below are best ways to outreach to school staff.

In-Person Communication

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

Attendance at School Meetings and 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 flyers to school staff to reinforce the referral process, answer questions and highlight available services.

Below are best ways to outreach to families.

Meetings and Events

Providers may attend Open Houses, Back-to- School Nights, Teacher/Parent Nights, "Coffee with the Principal," Community Events, PTA meetings and Parent/Teacher conferences.

Brochures and 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.) To download a customizable brochure, go to the [SchoolLink website](#).

School Newsletters and Other Announcements

Providers can supply program information for the school newsletter, emails, automated phone calls or other relevant announcement systems with school approval.

KEY POINT

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.

MODULE 10

ADD/REMOVE SCHOOLINK SERVICES OR CHANGE PROVIDER ORGANIZATIONS

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' Children, Youth & Family 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:

- The school district submits a written request to the county monitor to add services at a school site.
 - The request must include data detailing the percentage of the school eligible for Medi-Cal or free and reduced lunch.
 - 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.
- The County reviews the request and makes a determination based on:
 - Total school enrollment
 - Medi-Cal and free/reduced lunch population
 - 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
- If the County approves the request, they will assign a provider organization.
- 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).
- The school district, school staff and provider hold an initial Annual SchoolLink Meeting to discuss process and plan the initiation of services.
- The school district and the provider establish a memorandum of understanding.

To Remove a School:

- The school district, provider organization, or County may suggest that SchoolLink services are no longer necessary at a school site and communicates this concern to all parties.
- The County leads all parties in a dialog to clarify the rational for removing services and determine the course of action.
- 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:

- 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.
- 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.

- The County will:
 - Review the rational 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.

Who is my county monitor?

For a list of county monitors and their contact information, by school, go to Section 3.3 on:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html

MODULE 11

SCHOOLINK BACKGROUND

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

The SchoolLink training program shares successful strategies for linking eligible school-aged children and youth to behavioral health services. It was developed in 2017-2018 through a highly collaborative and interactive process between the County of San Diego's Health and Human Services Agency (HHSA) Behavioral Health Services (BHS), San Diego Unified School District's (SDUSD) Mental Health Resource Center (MHRC), Community Research Foundation (CRF), and Price Philanthropies.

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

- Available services
- Referral processes
- School staff and provider roles and responsibilities
- Best practices for outreach & communication



Annual Meeting

School: _____

Date: _____

Attendees:

- Principal or designee: _____ School Psychologist: _____
- Counselor or Nurse: _____ SchoolLink Provider: _____
- District Liaison (optional): _____

A G E N D A

- | | |
|---|----------------------------------|
| 1. Review the SchoolLink Overview | SchoolLink Provider/School Staff |
| a. Background | |
| b. School Protocols | |
| c. SchoolLink Protocols | |
| d. Ongoing and annual threshold expectations | |
| 2. Review Previous School Year | SchoolLink Provider/School Staff |
| a. Successes and Challenges | |
| b. Referral numbers, wait times, communication, etc. | |
| 3. Complete the <i>SchoolLink Annual Plan</i> | SchoolLink Provider/School Staff |
| 4. Update the <i>Referral Form for SchoolLink Services Template</i> | SchoolLink Provider |
| 5. Review provider and school staff documents | SchoolLink Provider/School Staff |

Documents for Provider to Bring to Meeting:

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*

Documents for School Staff to Bring to Meeting:

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. Any other relevant school policies or procedures that the provider needs to know

**Forms that can be downloaded from the SchoolLink website.*



Annual Plan

Date: _____

School: _____ SchoolLink Provider: _____

School Year: _____ Attendees: _____

Liaisons:

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): _____

Email: _____ Phone: _____

Secondary school liaison (name/title): _____

Email: _____ Phone: _____

2. SchoolLink Provider

Onsite Provider (name/title): _____

Email: _____ Phone: _____

Provider's Supervisor (name/title): _____

Email: _____ Phone: _____

School Access and Space:

3. What are the school access procedures?

Parking: _____ Sign in/out: _____

After school hours: _____

Other: _____

4. Where will the SchoolLink provider meet with students?

Primary: _____ Backup: _____

School breaks: _____

Referral Process:

4. Who at the school can make referrals (i.e. complete and submit the referral form)?
 Counselors School psychologist(s) Nurse(s)
 Teachers Other(s): _____
5. Do all referrals need to be funneled through the primary liaison? Yes No
6. How does the school log referrals? (Write "N/A" if not applicable.) _____
7. How will school referral forms be given to the SchoolLink provider?
 In person to secure location (insert location): _____
 By secure fax to (insert fax number): _____
 Encrypted email: _____
 Other: _____
8. How should the SchoolLink provider handle urgent situations?

Referral Process:

Initial Contact	Steps	Person Responsible
<i>Example</i> Teacher, case manager, or parent will contact school counselor (A-L ⇒ Garcia; M-Z ⇒ Johnson)	<ol style="list-style-type: none"> School counselor will get permission from parent and fill out referral form. 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. 	School Counselor

Monthly Communication Log:

9. SchoolLink provider will forward the monthly communication log by the _____ (date) of the month.
10. To whom should the monthly communication log from the SchoolLink agency be forwarded?
 Primary liaison Other: _____
11. How should these reports be delivered?
 In person to secure location (where?): _____ By secure fax to: _____
 Encrypted email: _____ Other: _____
12. How will the recipient share information with other referrers or school personnel?

13. SchoolLink Threshold Goals: Consistently open/active clients: _____ Total annual clients: _____

Outreach Plan:

14. 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. 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.)

Date(s)/Time(s)	Meeting
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved SchoolLink Staff Schedules and Services:

Name/Title	Role	Days/Hours/Contact	Eligibility (Insurance)	Services Provided	Caseload
<i>Example</i> Mary Garcia, LCSW intern "Mrs. Garcia"	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: _____	M/W/F 10:00-2:00 619/XXX-XXXX email: _____	Medi-Cal	Individual, group, family	Current caseload: _____; can see up to _____ students
	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Clinician <input type="checkbox"/> SUD Counselor <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Other: _____				

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

Title	Days/Hours	Contact
<i>Example</i> Laura Smith, MSW School Counselor	M/W 9:00am-2:00pm	619/XXX-XXXX Email: _____

NOTE: If schedule change, please notify partners accordingly.

Give a copy of this worksheet to:

- a. School Principal or designee
- b. SchoolLink provider
- c. Other meeting attendees as applicable



Referral for SchoolLink Services

Phone: _____
Fax: _____

Phone: _____
Fax: _____

Phone: _____
Fax: _____

Student Name: _____ **Date of Referral:** _____

Current School: _____ DOB: _____ Ethnicity: _____

Type of Insurance: Medi-Cal #: _____ No Insurance Other Insurance: _____

Legal Guardian's Name (who provided consent): _____

Address: _____ Phone: _____

Guardian Preferred Language: _____ Student Preferred Language: _____

Referring Party/Title: _____ **Phone:** _____

Teacher/Grade: _____ IEP: Y or N BH Services on IEP: Y or N

How has Legal Guardian provided consent for this SchoolLink referral?

- If written consent obtained: Attach the Authorization for Use or Disclosure of Information*
- If verbal consent provided to Staff by Parent/Guardian: List Staff Name: _____*
Staff Signature: _____ Date Obtained Consent: _____

Reason for Referral:

Mood Substance Use Family Concerns Changes in Behavior Other: _____

NOTE: SchoolLink is not a crisis response service. If a student is experiencing a behavioral health crisis, call 911 or the Access & Crisis Line at 888-724-7240.

Updated July 2019

Confidential



Monthly Referral Communication Log

Report Date: _____ SchoolLink Provider: _____
School: _____ Current wait time for first appointment: _____
School Year: _____

Referral Date	Open Date	Closed Date	Student	Clinician	Status	Disposition	Comments
6/28/2017			Joseph A. Smith	Mary Robles	Pending	Assessment scheduled	Completed all approved sessions
					Open	Unable to contact parent/guardian	
					Closed	On wait list	
						No-show for assessment	
						Met goals	
						Partially met goals	
						Moved	
						Declined Services	
						Other	

NOTE : SchoolLink provider can sort data as needed. Sorting instructions can be downloaded from SchoolLink website.

Updated July 2019



Access to Behavioral Health Services

Access to Behavioral Health Services

SCHOOL

SCHOOL

SCHOOLINK PROVIDER

SCHOOLINK PROVIDER

T:
F:
W:

T:
F:
W:

**SAN DIEGO COUNTY
ACCESS & CRISIS LINE**

Additional information and support is available through the San Diego County Access & Crisis Line

888-724-7240
7 DAYS A WEEK | 24 HOURS

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ABOUT

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

- 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 at schools with a significant number of Medi-Cal and uninsured students

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 abuse services
- Individual, family and group therapy
- Medication support
- Case management
- Collateral services
- Rehabilitative services

ELIGIBILITY

The student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal. Generally, this means:

- The student has a mental health or substance use diagnosis
- The behavioral health disorder is or will impair an important area of life functioning
- There is a reasonable expectation that intervention will help

In addition, the student must be:

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

HOW DO I ACCESS SCHOOLINK?

School staff can submit a student referral form. Families can also contact their SchoolLink provider and request an assessment.



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Is your child struggling with the impacts of COVID-19 on their life?

Is your child sad, withdrawn or acting out?



HOW DO I ACCESS SCHOOLINK?

Families can call the SchoolLink provider 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.



SCHOOL

SCHOOLINK PROVIDER

T:

W:

This is a very hard time for many children and families, and 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
- During distance learning, services can be provided via phone, video or in a community setting following COVID safety precautions, based on the student’s and family’s preference.

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
- 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

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





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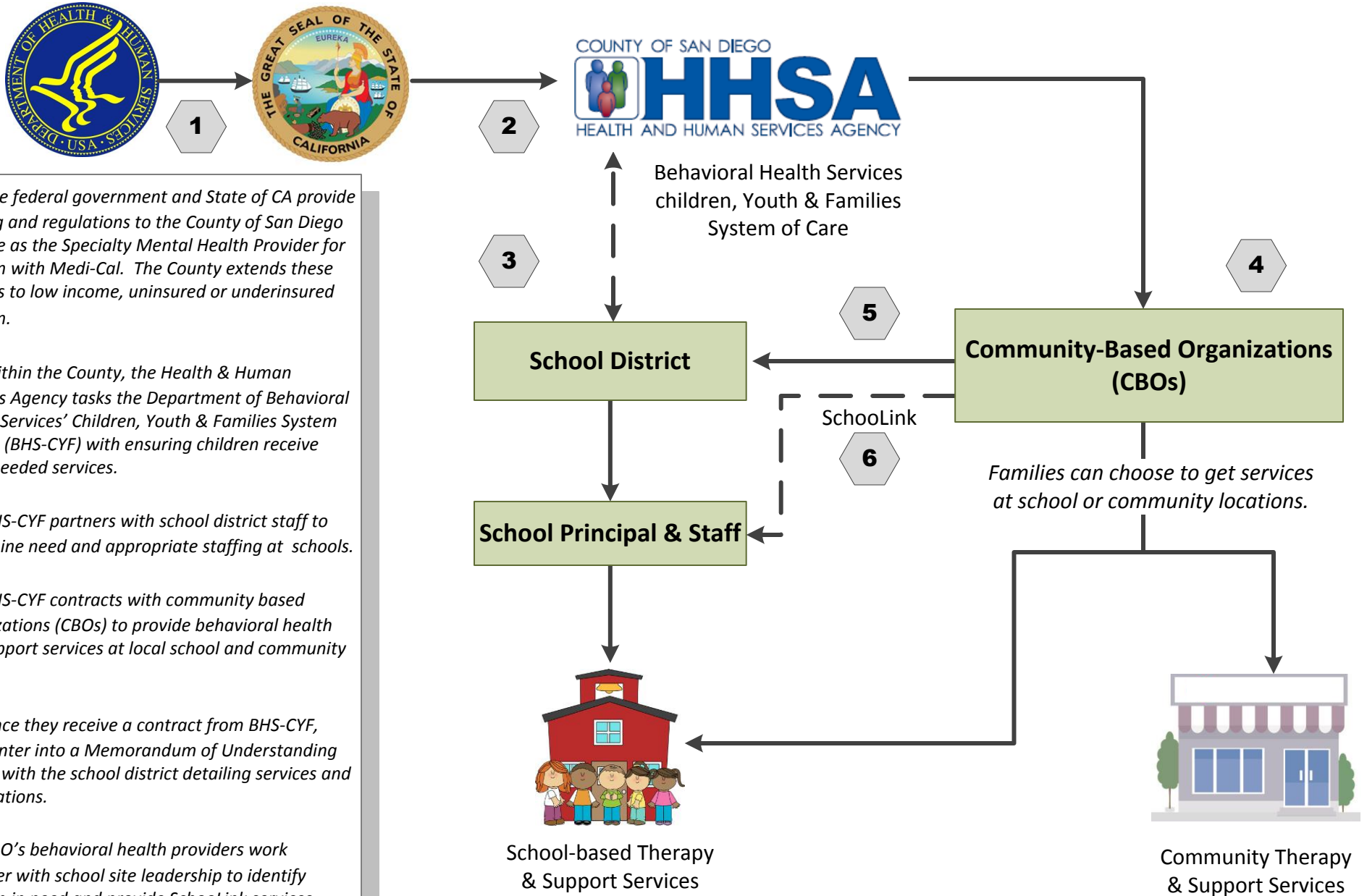
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7 days a week | 24 hours



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' Children, Youth & Families System of Care (BHS-CYF) with ensuring children receive these needed services.

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

4 BHS-CYF 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-CYF, 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.

Behavioral Health Services for Youth in San Diego County

SAN DIEGO COUNTY ACCESS & CRISIS LINE

888-724-7240

7 DAYS A WEEK | 24 HOURS

If a student is experiencing a behavioral health crisis, call **911**. 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.



County-Funded Behavioral Health Services

SchoolLink is only available at designated schools. Contact your school for details.

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 during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs.

HOW TO ACCESS

- Submit SchoolLink referral form to designated contact on campus or call the SchoolLink provider directly
- Call the Access & Crisis Line at 888-724-7240 for a community-based provider referral

ELIGIBILITY CRITERIA

- Medi-Cal enrolled or low income and uninsured or underinsured youth
- Meets medical necessity criteria for specialty mental health services or Drug Medi-Cal. Generally, this means:
 - > *The student has a mental health or substance use diagnosis*
 - > *The behavioral health disorder is or will impact an important area of life functioning*
 - > *There is a reasonable expectation that intervention will help*

Medi-Cal Health Plans

Medi-Cal health plans can help their members identify a behavioral health provider in their network. Call their behavioral health line for a referral or more information.

AETNA
855-772-9076

KAISER PERMANENTE
877-496-0450

CARE 1ST
855-321-2211A

MOLINA HEALTHCARE
888-665-4621

COMMUNITY HEALTH GROUP
800-404-3332

HEALTHNET
888-426-0030

UNITEDHEALTHCARE
866-270-5785

Private Insurance

Private insurance plans, often provided through a parent's employer, can help their members identify a behavioral health provider in their network. Call the plan's behavioral health line for a referral or more information. The number is usually listed on the insurance card.

Federally Qualified Health Centers

Many federally qualified health centers (also known as community health centers) provide no or low cost behavioral health services. Search online at: findahealthcenter.hrsa.gov or call 211 to find a convenient location.

Primary Care Providers

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

Educationally Related Services

School districts are responsible for providing special education and related services identified as needed in Individualized Education Plans (IEPs). IEPs may include mental health services. Teachers, administrators, school psychologists and school counselors can provide guidance on the IEP referral and assessment process.



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: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/schoolink.html>

- 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 are eligible for EPSDT supplemental specialty mental health services, and who do not meet the medical necessity requirements of Section 1830.205(b)(2)-(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)(A) are met with respect to the mental disorder; 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)(A) with respect to the mental disorder 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 or Section 1830.205 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 and the MHP provides or arranges and pays for such a specialty mental health service.

(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.

Section 1830.205

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

(a) 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-IV, 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 personnel¹ 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.

¹ 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.

During a treatment episode, the physician or other identified personnel may re-evaluate the diagnosis based on the beneficiary's progress in treatment, which could result in a new diagnosis based on the DSM.

Determining Medical Necessity Throughout Treatment

In addition to determining a diagnosis and/or approving the diagnosis, the physician shall determine SUD services are medically necessary consistent with 22 CCR § 51303 within 30 days of the beneficiary's admission to treatment date.

The physician **shall document** his/her determination of medical necessity by typing or legibly printing their name, signing and dating the initial treatment plan and treatment plan update(s). For a beneficiary to continue in treatment, a continuing services justification form is required no sooner than five months or later than six months from the admission date or the date of completion of the most recent continuing services justification form. The physician **shall document** in the beneficiary record that the following documentation has been considered: the beneficiary's personal, medical and substance use history, most recent physical examination, progress notes and treatment plan goals, the therapist/counselor's recommendation and the beneficiary's prognosis.

To further clarify, a beneficiary may continue to have medical necessity even if they have maintained sobriety for more 365 days because medical necessity is based on 22 CCR § 51303.

Diagnostic and Statistical Manual of Mental Disorders (DSM) Specifiers

DSM-IV-TR supports a diagnosis may be documented with the use of a specifier if the beneficiary is on agonist therapy or was/is in a controlled environment. DSM-5 supports a diagnosis may be documented with the use of a specifier if the beneficiary is on maintenance therapy or was/is in a controlled environment.

The physician or other identified personnel documenting a diagnosis must ensure the substance use diagnosis based on the DSM includes the specifier and documents the basis for the specifier.

Note: Review of DSM-IV-TR and DSM-V supports that not all substances include either or both specifiers (on agonist/maintenance therapy or in a controlled environment)

For Additional Information or Clarification on 22 CCR § 51341.1 Requirements –

- Visit [California Code of Regulations, Title 22, Section 51341.1](#)
- Submit questions to DMC Answers via the [DMC Answers Form](#)

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:

- (i) The child is at risk of removal from home or has already been removed from the home.
- (ii) 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.

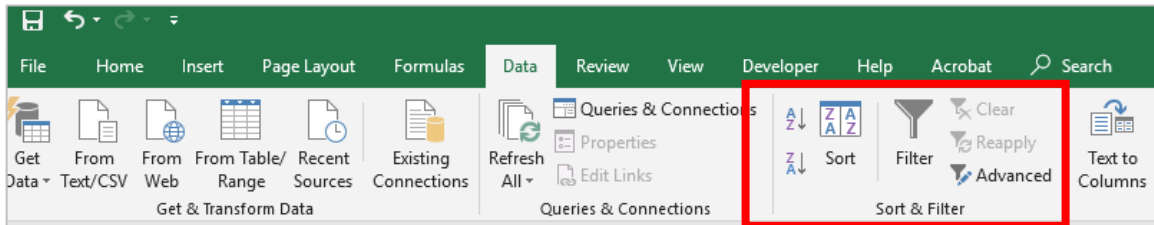
Note from CMHS: **AB2726 CLIENTS MAY NOT BE SEEN UNDER THE MHSA.**

SchooLink Monthly Communication Log

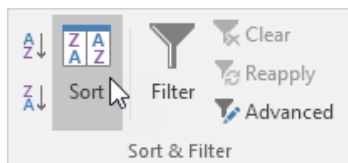
Sorting Data in Microsoft Excel

To sort one column, complete the following steps:

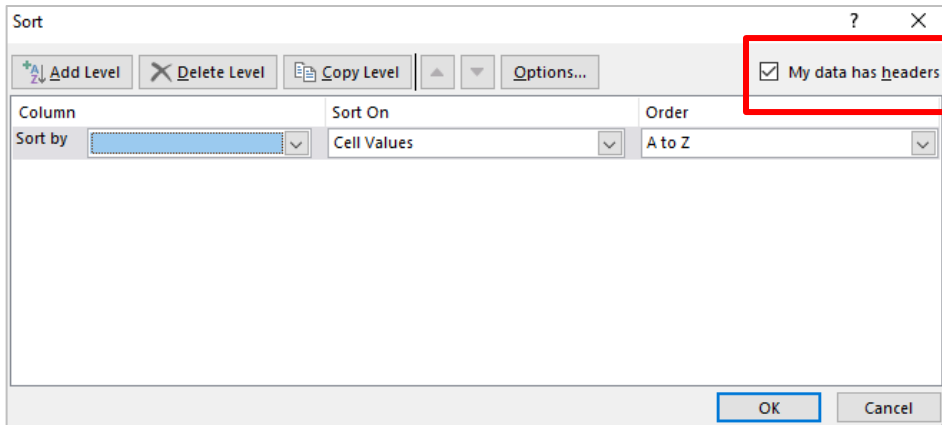
1. Highlight the whole spreadsheet.
2. Go to the Data tab, Sort & Filter group.



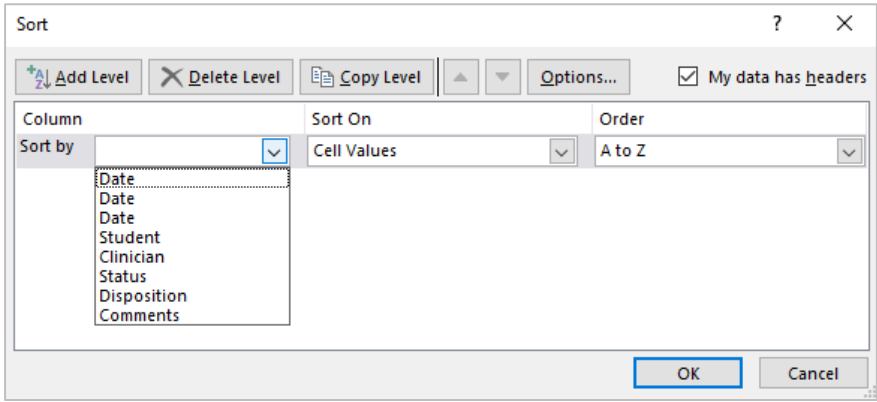
3. On the Data tab, in the Sort & Filter group, click Sort.



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.

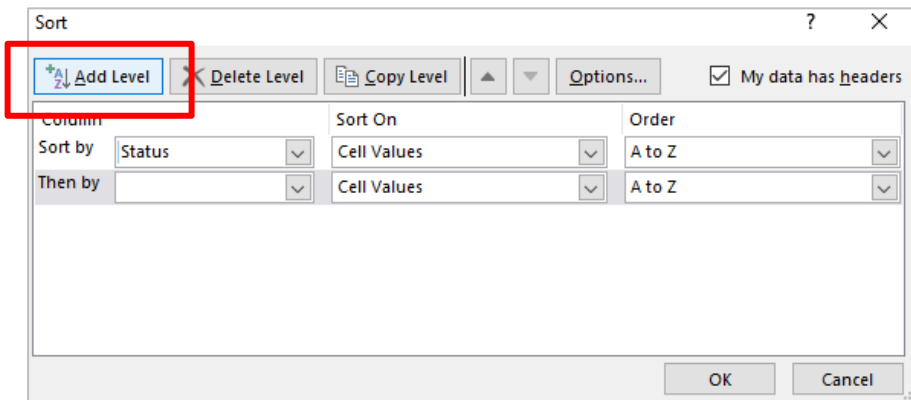


Example: Sort by Status

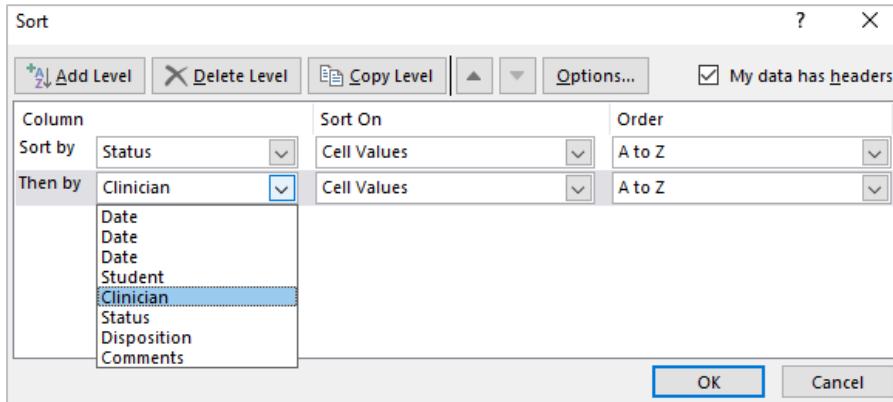
Before	After
Status	Status
<i>Closed</i>	<i>Closed</i>
<i>Closed</i>	<i>Closed</i>
<i>Open</i>	<i>Closed</i>
<i>Closed</i>	<i>Open</i>
<i>Open</i>	<i>Open</i>
<i>Pending</i>	<i>Open</i>
<i>Open</i>	<i>Open</i>
<i>Closed</i>	<i>Open</i>
<i>Pending</i>	<i>Pending</i>
<i>Pending</i>	<i>Pending</i>

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.



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



Example: Sort by Status & Clinician

Before

Clinician	Status
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
Cynthia Robertson	Closed
Mary Robles	Closed
Mary Robles	Closed
Cynthia Robertson	Open
Cynthia Robertson	Open
Cynthia Robertson	Open
Mary Robles	Open
Mary Robles	Open
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.