

Moving Forward

Addressing Barriers to Learning

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California is undertaking one of the nation's most ambitious expansions of school mental health. Two major statewide initiatives are driving the work:

- and
- >**the Children and Youth Behavioral Health Initiative (CYBHI)**, a multi-billion dollar, multi-agency effort to redesign youth behavioral health across settings; CYBHI focuses on the health system, including but not limited to schools.
 - >**the California Multi Tiered System of Support (CA MTSS)**, a multi-million dollar effort to have schools frame academic, behavioral, social-emotional, and mental-health supports as a full continuum of interventions that addresses students' needs. MTSS focuses on the education system, specifically academic, behavioral, and SEL integration inside schools.

These initiatives are intended to improve student well-being, mental health access, equity, and academic success. Individually, each initiative addresses aspects of a comprehensive learning supports system. Together, they aim to improve a "whole child," equitable support system that addresses children and youth well-being and learning conditions. They bring unprecedented investment, infrastructure, workforce.

And, they offer a historic opportunity to build a unified, comprehensive, and equitable system of student/learning supports across the state and exemplify new directions for others to consider.

This article highlights the CYBHI and stresses that ultimate success hinges on:

- (a) expanding school improvement policy from a two-three component framework
- (b) addressing limitations of current MTSS practice by evolving the continuum into a unified, comprehensive system of student and learning supports that weaves school and community resources and organizes interventions into a delimited set of domains;
- (c) reworking operational infrastructures at district and school levels to ensure effective adoption/adaptation and daily operation; and
- (d) pursuing a more sophisticated approach to scale up and sustainability.

An upcoming report from our Center will discuss CYBHI's connection to the CA MTSS initiative.

Children and Youth Behavioral Health Initiative: What's it About?

As noted above, the Children and Youth Behavioral Health Initiative (CYBHI) is a multi-year, multi-billion dollar effort to transform how California supports the mental, emotional, and behavioral health of children, youth, and families. Launched in 2021 as part of the Master Plan for Kids' Mental Health, CYBHI aims to build a prevention-oriented, youth and family-centered behavioral health ecosystem for ages 0-25. It takes a "whole child" approach to ensure youth can access help at home, in schools, and in their communities. It finances more than 20 coordinated workstreams focused on expanding the behavioral health workforce, strengthening school linked mental health systems, building new service infrastructure, developing sustainable funding pathways such as the Multi Payer Fee Schedule, and pursuing public awareness campaigns to reduce fragmentation, modernize access, and elevate youth and family voice (California Health & Human Services, 2026; CYBHI Annual Report, 2025). See Exhibit A.

Exhibit A – Key Programs Funded by CYBHI

- >*School-Linked Behavioral Health Services & Multi Payer Fee Schedule* – CYBHI funds the statewide Multi Payer Fee Schedule, which requires Medi Cal and commercial plans to reimburse schools and school linked sites for behavioral health services at standardized rates. This includes therapy, screenings, case management, and support from Certified Wellness Coaches.
- >*Capacity Grants to LEAs (School Readiness and Infrastructure)* – CYBHI provides \$400 million in one time Capacity Grants to Local Education Agencies (LEAs) to build infrastructure, hire mental health staff, and prepare for the Fee Schedule billing system.
- >*Certified Wellness Coach Workforce Program* – Funds the creation and expansion of a new statewide Certified Wellness Coach (CWC) workforce. Coaches deliver prevention, early intervention, wellness promotion, and crisis referral services in schools and communities. [branchingminds.com]
- >*Evidence Based & Community Defined Practices Grants* – Multiple large grant rounds fund organizations implementing trauma informed services, parent/caregiver support, early childhood wraparound programs, youth driven programs
- >*Community defined evidence practices* – These include allocations such as \$100M for trauma informed practices, \$60M for early childhood wraparound, \$50M for youth driven programs, etc. [calhealthplans.org]
- >*Digital Behavioral Health Platforms* – CYBHI funds two free statewide digital mental health platforms: BrightLife Kids – for ages 0–12 and caregivers; Soluna – for teens and young adults. These provide app based coaching, resources, and support for all Californians.
- >*Cal MAP Behavioral Health eConsult Program* – A statewide consultation program enabling pediatricians and primary care providers to access real time guidance from behavioral health specialists.
- >*School Linked Partnerships and Capacity Grants* – Funds partnerships between schools and community behavioral health providers to expand school based service access.
- >*Youth Peer to Peer Support Programs* – Supports programs that train youth to provide structured peer mental health support and navigation services.
- >*Public Awareness & Stigma Reduction Campaigns* – Funds statewide public education efforts focused on mental health literacy, stigma reduction, and culturally/linguistically tailored outreach.
- >*Workforce Training, Capacity Building, and Technical Assistance* – Supports the expansion and upskilling of behavioral health professionals and school based providers across California.
- >*Safe Spaces Training for Educators* – A free online training program that helps educators recognize and respond to trauma and stress in students, featuring case examples and strategies.

CYBHI's Vision for Integrated School-Based Behavioral Health

Within schools, CYBHI seeks to embed prevention and early intervention within student support practices, increase targeted supports (short-term counseling, skill-building groups, care navigation); and coordinate clinical care with counties, managed care plans, and community providers – using the fee schedule and school-linked partnerships to sustain the continuum of interventions (CalHealthPlans Briefing, 2024; Department of Health Care Services, 2026). Educator trainings (e.g., Safe Spaces) and digital platforms extend access and readiness and enhance school connections to youth- and family-centered pathways (California School-Based Health Alliance, 2026).

How Funds Were Distributed

To advance CYBHI's goals – (a) strengthening school-linked behavioral health services, (b) expanding workforce capacity, and (c) establishing sustainable financing pathways – the state deployed several funding and implementation mechanisms. Although investments were multi-year, they were tied to time-limited appropriations and project-specific contracts (generally through 2026). Funds were distributed through the following channels:

1. Statewide Grant Programs

CYBHI administered multiple rounds of competitive statewide grants totaling more than \$436 million, along with \$400 million in Capacity Grants for LEAs. These grants were aligned with the state's overall spending plan and supported:

- Trauma informed practices
- Early intervention initiatives
- Youth driven programming
- Community defined, evidence based services

Funding streams included \$26.1 million, \$42.9 million, and \$100 million allocations targeting these priority areas.

2. County Office of Education (COE) Allocations

These allocations were designed to strengthen school linked behavioral health systems, expand access points for care, and improve coordination between the education and behavioral health sectors.

Highlights include:

- \$56 million awarded to 54 organizations across 34 counties through CYBHI's Early Childhood Mental Health grants.
- School Linked Partnership and Capacity Grants administered across all 58 COEs, using a state developed granting framework.
- By 2024, 45 COEs had submitted implementation plans detailing their LEA allocation strategies.

3. State Level Contracting and Implementation Mechanisms

CYBHI complemented its grantmaking with statewide contracting strategies that build core infrastructure and support large scale implementation. These mechanisms include:

- Direct Contracts – For specialized services, technical assistance, and statewide program components.
- Third Party Administrators – To manage claims processing, billing support, and other complex administrative functions.
- Digital Platform Providers – To design and operate platforms for navigation, screening, referral, and data integration.
- Interagency Agreements – Such as the \$42.9 million partnership with MHSOAC, to administer major elements of CYBHI.

4. Ongoing Multi Payer Fee Schedule Reimbursement

The CYBHI initiative is creating a first of its kind, permanent funding stream that moves beyond one time grants by enabling schools and school linked sites to receive reimbursement for behavioral health services. All students under age 26 with Medi Cal or commercial insurance qualify for services at no cost to families.

Key features:

- Requires Medi Cal, commercial insurers, and—when applicable—disability insurance to reimburse schools at standardized, set rates for eligible services.
- Families pay no copays, deductibles, or surprise bills, and coverage is not affected.
- Functions as an uncapped, ongoing revenue stream, independent of grant cycles.

Eligible reimbursable services include:

- Therapy and counseling
- Mental health and substance use screenings
- Parent–child sessions
- Psychoeducation
- Support from Certified Wellness Coaches
- Case management

The Fee Schedule component created ongoing reimbursement, making one part of the Children and Youth Behavioral Health Initiative (CYBHI) permanent. As of the most recently published documentation (through late 2025 and early 2026), CYBHI has continued to scale-up the statewide school-linked Fee Schedule program – though updated numbers do not confirm the earlier expectation that more than 300 school districts would be onboarding by January 1, 2025.

Examples of Developments Related CYBHI's Efforts to Improve Mental Health in Schools

To improve behavioral health services the focus has included developing:

- **School Linked Partnerships & Capacity Building** – One time grants for K-12 (approximately \$400M; part of \$550M including higher education) to expand services, strengthen local networks, and help LEAs prepare for the CYBHI multi payer fee schedule (Department of Health Care Services, 2026).
- **Creation of a Multi Payer Fee Schedule** – A statewide reimbursement model requiring Medi Cal and commercial plans to pay standardized rates for behavioral health services delivered on school or school linked sites – establishing sustainable funding at no cost to families (Department of Health Care Services, 2026; California School-Based Health Alliance, 2026).
- **Expansion of Digital Behavioral Health Platforms** – BrightLife Kids (for ages 0–12, caregiver-supported) and Soluna (for ages 13–25) were selected as Behavioral Health Virtual Services (BHVS) platforms within CYBHI and launched statewide in 2024. Chosen from over 450 vendors and funded by the California Department of Health Care Services (DHCS), The platforms expand access, provide early intervention, and complement existing school based and community supports. They offer free coaching, psychoeducation, assessments, moderated peer communities, and care navigation that complement school-based supports (Business Wire, 2024).

- **Integration of Workstreams, Funding Mechanisms, and Workforce Roles** – Statewide efforts to build a coordinated behavioral health ecosystem include developing new roles such as Certified Wellness Coaches, along with scholarships and pipelines to expand and diversify the school community behavioral health workforce (California Health & Human Services Agency, 2026; California School-Based Health Alliance, 2026; CYBHI Annual Report, 2025; Department of Health Care Services, 2026).
- **Alignment with Medi Cal Billing** – Modernization of the LEA Medi Cal Billing Option Program (LEA BOP) and reforms such as AB 483 are designed to streamline participation and increase reimbursement for school-based mental health services (Department of Health Care Services, 2026; Office of Assemblymember Muratsuchi, 2023).

Additionally, the initiative is investing in the expansion of school based behavioral health infrastructure, including school-based health centers, wellness centers, and partnerships with county behavioral health agencies.

About Billing Under the CYBHI Fee Schedule

The CYBHI Fee Schedule establishes a statewide, multi payer reimbursement system that allows schools and public higher education institutions to bill for eligible mental health and substance use services provided to students up to age 26.

Local Educational Agencies (LEAs), public colleges/universities (IHEs), and designated affiliated providers can bill for a defined set of school linked outpatient behavioral health services. These include counseling, screenings, crisis intervention, case management, and related supports.

Before submitting their first claim, LEAs must complete several onboarding steps – such as executing agreements, setting up secure file transfer systems, submitting provider rosters, and registering students.

The state publishes a uniform reimbursement rate for each service, and health plans must pay at or above these rates. Once a claim is approved, funds are paid to the LEA or provider through the Carelon claims system. Unlike one time CYBHI capacity grants, the fee schedule is designed to provide ongoing, sustainable reimbursement.

Providers submit claims for eligible services to the Third Party Administrator (Carelon Behavioral Health), and claims may be submitted up to 365 days from the date of service (an extension from the previous 180 day limit). Billing does not require the student to be in network with any specific health plan; all applicable commercial plans and Medi Cal must reimburse at or above the published rates.

There is no cost to families. No copays, deductibles, or coinsurance apply, and services delivered under the CYBHI Fee Schedule do not affect a student’s existing insurance benefits or coverage.

Important Considerations and Controversies

As more states explore initiatives similar to CYBHI, concerns have emerged regarding the expanding reliance on Medicaid and insurance billing to finance school based mental health services:

- **Equity and scope-of-service concerns.** Medicaid primarily reimburses for medically necessary treatment services. Critics warn that this leaves prevention and early intervention activities underfunded, potentially shifting service delivery toward reimbursable treatment rather than comprehensive, schoolwide supports. It may also create disparities between Medicaid enrolled and non enrolled students.
- **Financial vulnerability and instability.** Schools may become dependent on complex, fluctuating reimbursement streams that can shift with policy changes, audits, or administrative practices.
- **Administrative and compliance burdens.** Billing requirements, duplicative parental consent rules, and extensive documentation add workload and can divert staff time and/or require contracting the workload out.
- **Risks to students’ access to services outside school.** Disability rights advocates caution that some Medicaid agencies or managed care plans may consider out of school services “duplicative” of school based supports, resulting in denials of necessary community treatment.
- **State level failures that undermine school services.** Some states have struggled to meet federal Medicaid requirements. For example, Florida forfeited an estimated \$2.2 billion over a decade due to noncompliance, contributing to staffing shortages and delays in students receiving needed services.
- **Broader political conflict.** Efforts to revise Medicaid billing rules for schools have triggered ideological disputes, particularly around parental consent, privacy, and perceptions of federal overreach.

CYBHI Statewide System Transformation Progress Summary (March 2026)

In late 2022, Mathematica was selected to lead the independent, third party evaluation of CYBHI. To support the efforts, Mathematica works in collaboration with several organizations that provide research, implementation, and policy expertise – Health Management Associates, UCLA Prevention Center of Excellence, and James Bell Associates.

Evaluators have confirmed progress across more than 20 workstreams and report that CYBHI has moved from design into broad implementation across counties, schools, and healthcare settings (CYBHI Annual Report, 2024).

Workforce Expansion and Capacity Building. To expand the youth serving behavioral health workforce, California launched new workforce incentives between 2024-2026 – including scholarships, training programs, and CYBHI funded roles such as Certified Wellness Coaches. Evaluators note significant increases in training participation, though statewide totals are still being finalized. Early findings indicate that the Certified Wellness Coach role is helping schools with early-intervention, screening, and referral in school and community environments.

School Based and School Linked Behavioral Health Access. Implementation of the CYBHI Fee Schedule (2024-2025) created a statewide reimbursement pathway for school-based behavioral health services. Schools are now billing for therapy, screenings, case management, and psychoeducation – a major milestone for sustainability. LEAs report increased availability of mental health supports, hiring

of additional behavioral health staff, expansion of school linked partnerships, and upgrades to billing systems. Students under age 26 receive no cost access at participating TK–12 schools and public colleges through the multi payer model.

Infrastructure Improvements Across Counties. Counties show progress modernizing crisis response, care coordination, and behavioral health integration systems. Scale-up planning for digital platforms such as Soluna and BrightLife Kids is scheduled for 2026. Early implementation and ecosystem studies indicate improvements in “no wrong door” access, increased early intervention pathways, and broader availability of coordinated services across participating counties.

Public Awareness and Stigma Reduction. Mid cycle evaluations of statewide youth centered campaigns (e.g., Take Space to Pause) show promising reductions in stigma, increases in mental health literacy, and higher rates of help seeking among youth ages 13–17, with strongest gains in underserved communities.

Emerging Behavioral Health Trends (CYBHI Dashboard). Preliminary statewide trend data suggest:

- Rising early identification and screening rates across many counties.
- Persistent but narrowing disparities across key population metrics.
- Increased service uptake in counties where school based or digital supports have scaled quickly.

Note: Comprehensive statewide outcomes – including symptom reduction, service utilization changes, wait time impacts, crisis trends, and academic related indicators – will be available from Mathematica’s Outcomes Study in late 2026-2027.

Summary

As of March 2026, the Children and Youth Behavioral Health Initiative (CYBHI) has implemented some large-scale structural changes across state agencies and local systems, expanded and diversified the behavioral health workforce, and increased access to services. For schools, the state’s investments have yielded added school-based behavioral health services, digital and virtual care platforms, expanded peer support programs, and statewide infrastructure to facilitate clinical pathways, data sharing, and coordinated care. Evaluators have reported preliminary encouraging trends in early behavioral health outcomes.

At the same time, final statewide clinical, utilization, and long-term population-level outcomes are not yet available. These data depend on the ongoing multi year outcomes evaluation, which will assess the full impact of CYBHI reforms on youth mental health status, service quality, system performance, and equity across demographic groups and regions.

From our perspective, CYBHI has laid a foundation for embedding its limited focus on behavioral and mental health into a school’s broader efforts to address the full range of learning, behavior, and emotional challenges experienced by students. Moving forward, the critical need is to prioritize transforming student and learning supports into a unified, comprehensive, and equitable system of student/learning supports that embeds mental and behavioral health within a broader intervention framework designed to promote engagement, address barriers to learning, and enhance overall student well being.

For additional guidance on advancing this systemic transformation, see

>*Student/Learning Supports: A Brief Guide for Moving in New Directions*
<https://smhp.psych.ucla.edu/pdfdocs/briefguide.pdf>

>*Transforming Student and Learning Supports: Starting the Process*
<https://smhp.psych.ucla.edu/pdfdocs/systemchangesteps.pdf>

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The Wellness Coach Model for Enhancing Student Supports

Schools across the country continue to struggle with how to provide much needed student/learning supports. The Wellness Coach model has emerged as a proactive effort to expand schools' capacity to provide preventive and early intervention supports. Wellness Coaches provide relationship based assistance and reduce barriers to learning by offering accessible nonclinical help (California Health and Human Services Agency, 2026; California School Based Health Alliance, 2026).

Cited in support of the model is research on school-based brief psychosocial interventions. For example, a 2024 meta analysis of 75 studies found that brief interventions delivered in Pre K–12 school settings led to statistically significant improvements in student mental health and well-being at one month, six month, and one year follow up (Cohen et al., 2024).

The model also is designed to help expand the behavioral health workforce. Many students respond better to adults who share their cultural backgrounds, languages, or lived experiences. By creating accessible career pathways for individuals without advanced degrees, the CWC program helps broaden representation and improve student provider connection (HCAI, 2023).

A major part of California's Children and Youth Behavioral Health Initiative (CYBHI) is its Certified Wellness Coach (CWC) program. The stated aim is to grow and diversify the behavioral health workforce while expanding early access to support services for youth. By formalizing the Wellness Coach role and creating training pathways, California seeks to ensure students have access to trained, culturally responsive adults who can promote wellness, identify emerging concerns, and coordinate care in school and community settings (EdSource, 2024).

Pathways to Becoming a Certified Wellness Coach (CWC)

California's CYBHI initiative established pathways designed to recruit individuals into the Wellness Coach role from both education and workforce pipelines. These routes help address statewide shortages of behavioral health professionals by enabling school systems, community organizations, and youth-serving agencies to onboard trained support personnel more efficiently (California Health and Human Services Agency, 2026).

Education Pathway. The Education Pathway is intended for recent graduates of California community colleges or universities with associate or bachelor's degrees in eligible fields such as Human Services, Social Work, Addiction Studies, and more recently, Psychology. These students complete state designated training and supervised fieldwork, preparing them for prevention focused work in K–12 and youth-serving settings (California School Based Health Alliance, 2026).

Workforce Pathway. The Workforce Pathway targets individuals already providing direct pre clinical behavioral health support to children and youth—such as Family Advocates, Student Support Liaisons, and Behavioral Health Technicians. Degree requirements have broadened to include any associate or bachelor's degree, while field experience requirements have expanded to ensure candidates have substantial hands on behavioral health experience (AxiomhR, 2024).

Training and Certification. Training programs for Certified Wellness Coaches are being developed across California Community Colleges and CSU campuses. These programs emphasize prevention, youth development, behavioral health literacy, and structured skills for screening and referral. Certification is competency based and does not require a state licensing exam; candidates must complete required coursework and applied fieldwork and must be at least 18 years old (California Health and Human Services Agency, 2026).

Roles and Responsibilities of Certified Wellness Coaches

CWCs work under the supervision of licensed clinicians or pupil personnel services providers. Their role is intentionally nonclinical – focused on early identification and support rather than therapy – while still strengthening coordination among school and community based behavioral health systems (EdSource, 2024).

Wellness Coaches serve students from pre K through postsecondary settings and can be accessed through teacher referrals, self referrals, family referrals, screenings, or warm handoffs from other providers. As dedicated staff—not classroom teachers—they support students in designated wellness spaces without interrupting instructional time (California School Based Health Alliance, 2026).

Wellness Promotion and Education. CWCs deliver classroom, group, and small group wellness activities that build social emotional skills, promote mental health literacy, strengthen positive relationships, and support healthy lifestyle behaviors. They may facilitate structured curricula addressing bullying prevention, stress management, and help seeking strategies (HCAI, 2023).

Screening Support. Coaches assist with universal and targeted behavioral health screenings by helping students complete assessments, coordinating screening processes, and identifying students who may need follow up with behavioral health professionals. Their work aligns with best practice guidelines for school based screenings (SMART Center, 2025).

Care Coordination and Resource Navigation. CWCs help connect students and families to school based resources, community based mental health providers, and essential social services (e.g., food, housing). They also help facilitate communication among educators, clinicians, and care teams to ensure students receive coordinated and appropriate support (HCAI, 2025).

Individual Support. Wellness Coaches provide brief check ins, scheduled meetings, and structured wellness sessions focused on goal-setting, basic wellness education, and life skills such as time management and problem solving. These interactions are preventive and supportive—not clinical therapy—and help students strengthen self management skills and coping strategies (EdSource, 2024).

Group Support. Small group sessions may target social emotional learning, stress reduction, organization, or other wellness related skills. Coaches facilitate these groups using structured curricula or evidence informed practices aligned with schoolwide wellness efforts (California School Based Health Alliance, 2026).

Crisis Referral. While CWCs are not crisis responders, they follow standardized protocols to identify risks, support students in distress, and conduct warm handoffs to licensed mental health professionals. Their presence helps ensure that students can be monitored and supported until qualified providers can intervene (Manhattan Institute, 2026).

Concluding Comments

In sum, the Wellness Coach model is designed to expand behavioral health capacity by embedding trained nonclinical personnel in youth-serving settings and enable earlier, more equitable access to support. (EdSource, 2024).

Because CWCs reflect students’ cultures, languages, and communities, they are seen as interveners who will be able to build trust more quickly and effectively than traditional providers. Their presence helps schools create more supportive climates while easing pressure on overburdened counselors and clinicians (HCAI, 2023).

The Wellness Coach model represents a forward looking strategy to strengthen schools’ behavioral health infrastructure through prevention, early identification, and integrated support. California’s Certified Wellness Coach program expands workforce capacity,

broadens access to culturally responsive support, and ensures students can connect with trained adults before problems escalate. As schools continue to face rising student needs, Wellness Coaches offer a scalable, sustainable approach that enhances well being, reduces barriers to learning, and helps students thrive (California Health and Human Services Agency, 2026).

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Why did the wellness coach bring a ladder to school today?



Because she thought it would help students take a step up in their well-being.



Center Resources Update

Want resources? Need technical assistance? Coaching?

Start with the Center's online clearinghouse Quick Finds:

<https://smhp.psych.ucla.edu/quicksearch.htm>

Or send us an E-mail request: Ltaylor@ucla.edu

Not receiving our monthly electronic newsletter (*ENEWS*)?

Or our weekly *Community of Practice Interchange*?

Send requests to Ltaylor@ucla.edu

Note: For purposes of discussion, we regularly post *Hot Topics*, *Hot Issues*, and *Commentaries*.
See <https://smhp.psych.ucla.edu/hottopic.htm>

Here are a few recent examples:

- >*Schools Banning Smartphones: Pros & Cons* (Hot Topic)
- >*Should schools be adopting universal mindfulness programs?* (Hot Issue)
- >*The Iran War – Supporting Students at school* – especially those with family or friends deployed in the war (Commentary)

For those involved in making system changes, you might be interested in our work on:

>*Implementation Science and School Improvement*

<https://smhp.psych.ucla.edu/pdfdocs/implscience.pdf>

AND please share your thoughts about any matters of mutual concern.

Send to Ltaylor@ucla.edu

Moving forward, we all must prioritize the transformation of student and learning supports into a unified, comprehensive, and equitable system that embeds mental and behavioral health into a broader intervention framework.

The aim is to enable schools to effectively promote engagement, address barriers to learning and teaching, and enhance the well being of students and staff.

The Center for MH in Schools & Student/Learning Supports operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

Center Co-Directors
Howard Adelman & Linda Taylor