

ISSUE BRIEF

Opportunities for Advancing & Funding Access to Mental Health Education Through the CYBHI Fee Schedule

Acknowledgments

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Any errors are our own.

Please note: This resource is intended to highlight potential opportunities and pathways for school districts to provide and fund mental health education through the CYBHI fee schedule.

This resource references laws and legal information, not legal advice. We strongly encourage readers to consult counsel on these topics as needed.

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Background

What is mental health education?

Mental health is a critical aspect of health impacting our emotional, psychological, social, and overall well-being. Mental health affects how we think, feel, and act as well as how we handle stress, relate to others, and make choices. It can, and does, shift from childhood and adolescence through adulthood. Currently, children and youth are experiencing escalating mental health needs, while facing significant barriers to accessing needed support and services. To address this ongoing youth mental health crisis, a coordinated and multi-faceted approach is needed. One essential piece of this approach is mental health education.

Mental health education is the delivery of information about mental health, typically designed to do some or all of the following: raise awareness, increase mental health literacy, promote strategies that help young people maintain and improve their mental health, provide resources, and address stigma surrounding mental health broadly. Mental health education advances student mental health literacy, which encompasses four core components: understanding how to foster and maintain positive mental health, recognizing common mental health disorders, signs, symptoms, and treatments, learning how to seek help effectively, and understanding stigma and strategies for stigma reduction. Mental health education can take on many forms, spanning from one-time instruction on specific mental health topics to formalized curriculum. Within a school setting, mental health education is ideally a Tier 1 intervention, meaning it is universal instruction accessible to all students.



An effective school health [program] can be one of the most cost effective investments a nation can make to simultaneously improve education and health.”

- WORLD HEALTH ORGANIZATION

California Senate Bill 224 (SB 224), which was signed into law in 2021, requires some California schools to provide mental health education ([Education Code sections 51925 - 51929](#)). Under SB 224, middle and high schools offering at least one health education course are also now required to provide mental health instruction in such classes, and that instruction is subject to specific requirements described in the law. The law does not require schools to use a specific set of mental

health curriculum materials, thereby allowing local school communities the flexibility to determine what is best for their students; however, the law does require that the chosen curriculum address certain topics and meet certain criteria. (See Education Code sections 51925-51926, included as Appendix A).¹ There are many existing resources available and in use by schools. See pages 9-10 and 18 of our mental health education [issue brief](#) for examples of existing materials. See also [California's health education resource hub](#); no-cost curricula are listed under the educator tab, and assessment tools are on the [Mental Health Education](#) page).

SB 224 was a significant step forward in ensuring that all California students can access mental health education in their schools – but there is still plenty of room to grow in ensuring every student has access to this important information. As the authors of a January 2026 [report](#) on the state of student mental health and school-based services note, students continue to experience “challenges around trust, stigma, and mental health literacy,” and “[s]chools and communities may need to do more to clearly communicate available services, normalize their use, and build confidence in them.”²

The aim of this issue brief is to explore the potential opportunity presented in the CYBHI Fee Schedule Program to support, expand, and financially sustain mental health education in schools.

What is the CYBHI Multi-Payer Fee Schedule Program?

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, one-time statewide initiative aiming to support the mental health and well-being of California children, youth, and their families. The Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (CYBHI Fee Schedule Program) is a core workstream within the CYBHI, codified in [California Welfare and Institutions Code section 5961.4](#).³ The CYBHI Fee Schedule establishes a standardized set of reimbursement rates for school-based or school-linked outpatient mental health and substance use disorder services that eligible health plans, including those administering the state's Medi-Cal program, must adhere to.⁴ The primary goal of the Multi-Payer Fee Schedule is simplifying the delivery, claims, and reimbursement process of a mixed delivery system of mental health care, spread across community-based, commercial, and public providers. In the long-term, the CYBHI aims to reduce financial barriers to care, increase access to school-based and school-linked behavioral services for youth, expand the scope of billable services and types of practitioners eligible for reimbursement, and create a sustainable structure for schools to receive reimbursement for services rendered.

Implementation of the CYBHI Fee Schedule Program is still relatively new, and districts are navigating the process. According to the [California Department of Health Care Services \(DHCS\)](#), as of March 2, 2026, more than 600 Local Education Agencies (LEAs) and Institutions of Higher Education (IHE) have enrolled, schools have received reimbursements totaling \$4.9 million, and services have been provided to 22, 363 students across the state.⁵

The services covered under the CYBHI Fee Schedule are organized into four main categories:

- Screening and Assessment
- Therapy Services
- Case Management
- Psychoeducation

The last category – **psychoeducation** -- is the primary focus of this brief.

The DHCS CYBHI Fee Schedule Program Manual defines “psychoeducation services” as follows:



Providing individuals, and their families, when applicable, with information and education about mental health conditions, Substance Use Disorders (SUDs), and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies. In school-settings, psychoeducation services may also be provided to students, and their families, when applicable, for the purposes of identifying strategies and/or treatment options associated with a child’s behavioral health needs with the goal of preventing or minimizing the negative effects of mental illness, emotional disturbances, substance abuse, or associated environmental stressors. This could include skill-building, such as mindfulness, de-escalation, and emotional regulation. Community Health Worker (CHW) Services and Certified Wellness Coach (CWC) Services are also covered psychoeducation services.”

- DHCS CYBHI FEE SCHEDULE MANUAL⁶

The Intersection of Psychoeducation in the CYBHI Fee Schedule & Mental Health Education in the Education Code

Under the CYBHI Fee Schedule, and as of October 2025, there are ten reimbursable services in the Psychoeducation category, including five that include group services. This provides a potential avenue for schools to implement and expand mental health education delivery.



Mapping Intersections & Opportunities

There is considerable overlap between what is reimbursable under the Psychoeducation Services category of the CYBHI Fee Schedule and what the California Education Code requires of a compliant mental health education curriculum. Below are some areas where language and descriptions overlap. It is intended to provide examples for consideration, not as a comprehensive mapping of all possible interconnections.

MENTAL HEALTH EDUCATION (CA Education Code Section 51925)	PSYCHOEDUCATION SERVICES (CYBHI Fee Schedule)
Reasonably designed instruction on the overarching themes and core principles of mental health.	<p>Wellness promotion and education (<i>CWC State Plan Amendment</i>)</p> <p>"...providing individuals, and their families, when applicable, with information and education about mental health conditions, SUDs, and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies." (<i>CYBHI Guide – psychoeducation description</i>)</p> <p>"...health education to promote... health or address barriers to health care, including providing information or instruction on health topics..." (<i>CHW State Plan Amendment</i>)</p>

<p>Defining signs and symptoms of common mental health challenges. Depending on pupil age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder.</p>	<p>“... providing individuals, and their families, when applicable, with information and education about mental health conditions, SUDs, and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies.” (CYBHI Guide – psychoeducation description)</p> <p>“...health education to promote... health or address barriers to health care, including providing information or instruction on health topics...” (CHW State Plan Amendment)</p>
<p>Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges.</p>	<p>“... providing individuals, and their families, when applicable, with information and education about mental health conditions, SUDs, and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies.” (CYBHI Guide – psychoeducation description)</p> <p>“In school-settings, psychoeducation services may also be provided to students, and their families, when applicable, for the purposes of identifying strategies and/or treatment options associated with a child’s behavioral health needs with the goal of preventing or minimizing the negative effects of mental illness, emotional disturbances, substance abuse, or associated environmental stressors. This could include skill-building, such as mindfulness, de-escalation, and emotional regulation.” (CYBHI Guide – psychoeducation description)</p> <p>“...health education to promote... health or address barriers to health care, including providing information or instruction on health topics...” (CHW State Plan Amendment)</p>
<p>Promoting mental health wellness and protective factors, which includes positive development, social and cultural connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which pupils feel comfortable.</p>	<p>Wellness promotion and education (CWC State Plan Amendment)</p> <p>“Individual and group behavioral health coaching, including wellness education, coping skills, goal setting and planning, teaching life skills, stress management, and problem solving” (CWC State Plan Amendment)</p> <p>“In school-settings, psychoeducation services may also be provided to students, and their families, when applicable, for the purposes of identifying strategies and/or treatment options associated with a child’s behavioral health needs with the goal of preventing or minimizing the negative effects of mental illness, emotional disturbances, substance abuse, or associated environmental stressors. [This] could include skill-building, such as mindfulness, de-escalation, and emotional regulation.” (CYBHI Guide – psychoeducation description)</p>

	<p>"Health education may include coaching and goal setting to improve a... health or ability to self-manage health conditions." (CHW State Plan Amendment)</p>
<p>The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that pupils know how to take action before a situation turns into a crisis. This shall include instruction on both of the following:</p> <ol style="list-style-type: none"> 1. How to seek and find assistance from professionals and services within the school district that includes, but is not limited to, school counselors with a pupil personnel services credential, school psychologists, and school social workers, and in the community for themselves or others. 2. Evidence-based and culturally responsive practices that are proven to help overcome mental health challenges. 	<p>"Psychoeducation services involve providing individuals, and their families, when applicable, with information and education about mental health conditions, SUDs, and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies." (CYBHI Guide – psychoeducation description)</p> <p>"In school-settings, psychoeducation services may also be provided to students, and their families, when applicable, for the purposes of identifying strategies and/or treatment options associated with a child's behavioral health needs with the goal of preventing or minimizing the negative effects of mental illness, emotional disturbances, substance abuse, or associated environmental stressors. This could include skill-building, such as mindfulness, de-escalation, and emotional regulation." (CYBHI Guide – psychoeducation description)</p> <p>"Crisis referral, including identifying potential risk, providing emotional support, and engaging in warm handoffs with licensed, credentialed, or associate behavioral health providers" (CHW State Plan Amendment)</p> <p>"Care coordination including navigation services" (CHW State Plan Amendment)</p> <p>"...health education to promote... health or address barriers to health care, including providing information or instruction on health topics..." (CHW State Plan Amendment)</p>
<p>The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse.</p>	<p>"...support behavioral health needs and promote... mental health." (CHW State Plan Amendment)</p> <p>"...health education to promote... health or address barriers to health care, including providing information or instruction on health topics..." (CHW State Plan Amendment)</p> <p>"... providing individuals, and their families, when applicable, with information and education about mental health conditions, SUDs, and related treatment options. Typically, this can include topics like understanding diagnoses, learning about medications and their side effects, and developing coping strategies." (CYBHI Guide – psychoeducation description)</p>

<p>Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges.</p>	<p>Community health workers, promotores, and community health representatives provide culturally congruent, person-centered services that bridge different health and social services systems...</p> <p>CHW roles include:</p> <ol style="list-style-type: none"> 1. Cultural mediation among individuals, communities, and health and social service systems 2. Providing culturally appropriate health education and information... (Carelton materials)⁷
<p>Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. This shall include, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance.</p>	<p>"...health education to promote... health or address barriers to health care, including providing information or instruction on health topics..." (CHW State Plan Amendment)</p>



Psychoeducation Billing Codes

Requests for reimbursement under the CYBHI Multi-Payer Fee Schedule Program must identify reimbursable codes. Below are examples of reimbursable procedures and ICD-10 codes that may be relevant when seeking reimbursement for delivery of mental health education/psychoeducation.

Procedure Codes

Procedural codes refer to the type of procedure, treatment, or service. These can include Current Procedural Terminology (CPT) Codes or Healthcare Common Coding System (HCPS) codes.

PROCEDURE CODE	SERVICE DESCRIPTION; MODIFIERS	ELIGIBLE PRACTITIONERS
Service Category: Psychoeducation		
H2014	Skills Training and Development (i.e., Patient Education); Individual; each 15 min; HA modifier required for individual	MD, PA, NP, RN, PSYCH, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PSYCH ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor

H2014	Skills Training and Development (i.e., Patient Education); Group; each 15 min; HQ modifier required for group; These group services do not have a size limit	MD, PA, NP, RN, PSYCH, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PSYCH ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor
H2027	Health behavior intervention – Psychoeducation; Individual; 15 min; HA modifier required for individual; U1 modifier for Dyadic Services	MD, PA, NP, RN, PSYCH, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PSYCH ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor
H2027	Health behavior intervention – Psychoeducation; Group; 15 min; HQ modifier required for group; These group services do not have a size limit	MD, PA, NP, RN, PSYCH, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PSYCH ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor
98960	Education and training for patient self-management by a CHW: Individual, U2 modifier required	CHW Only
98961	Education and training for patient self-management by a CHW: 2-4 individuals U2 modifier required	CHW Only
98962	Education and training for patient self-management by a CHW: 5-8 individuals, U2 modifier required	CHW Only
0591T	Health and well-being coaching, face to face, individual initial assessment; at least 30 min	CWC Only
0592T	Health and well-being coaching, face to face, follow-up sessions for individuals; at least 30 min	CWC Only
0593T	Health and well-being coaching, face to face, Group (2 or more individuals); at least 30 min; These group services do not have a size limit	CWC Only

Source: [CYBHI Fee Schedule Program Scope of Services, Codes, and Reimbursement Rates](#)

Submission and reimbursement of claims under the CYBHI Fee Schedule is conducted through the state’s Third Party Administrator (TPA), Carelon Behavioral Health (Carelon).⁸

ICD-10 Codes

While there is no requirement that a student receive a formal diagnosis in order to receive CYBHI services, an ICD-10 diagnostic code is required by DHCS for federal claiming purposes.

DHCS has identified the following “F” and “Z” codes that are appropriate for use without a formal diagnosis.⁹ “Z” codes are generally designed to encompass social, environmental, and personal circumstances affecting a person’s health, rather than a formal diagnosis.

Note that if the student’s record already contains a formal diagnosis, that may be used in lieu of the codes listed in the table.

ICD-10 CODE(S)	DESCRIPTION FOR USAGE
F99	“Other specified” and “Unspecified” disorders may be used in cases where behavioral health services are provided due to a suspected disorder that has not yet been diagnosed.
Z55-Z65	“Persons with potential health hazards related to socioeconomic and psychosocial circumstances” may be used by all providers as appropriate during the assessment period prior to diagnosis and do not require certification as, or supervision of, a Licensed Practitioner of the Healing Arts (LPHA).
Z03.89	“Encounter for observation for other suspected diseases and conditions ruled out,” may be used by an LPHA during the assessment phase of a beneficiary’s treatment when a diagnosis has yet to be established.



Providers

An LEA’s designated community-based school-linked provider and practitioner network may include a combination of those who are: directly employed by the LEA; embedded within the LEA via contract to provide services on behalf of the LEA; and affiliated practitioners to which the LEA refers students for services, but without a formal agreement.¹⁰

Eligible provider types under CYBHI include both licensed practitioners and non-licensed practitioners.¹¹ The table of billing codes above specifies which provider types can deliver which services *within the psychoeducation category*.

Among these key role types are **Certified Wellness Coaches (CWC)** and **Community Health Workers (CHW)**, both of which are relatively new provider types under Medicaid, and only recently approved as roles that can be supervised by LEAs. CWCs provide preventive services, as defined in 42 CFR 440.130(c), supporting student behavioral health needs and promoting mental health.¹² CHWs also provide preventive services to promote physical and mental health and health-related social needs, including health education.¹³

Services for students on Medi-Cal must be *recommended* by a physician or “licensed practitioner of the healing arts” as defined in federal regulations (42 CFR 440.130(d)). This includes licensed clinical social workers, licensed psychologists, licensed nurse practitioners, licensed marriage and family therapists, licensed educational psychologists, and licensed professional clinical counselors, among other roles. This person may be an [Ordering, Referring or Prescribing Only provider \(ORP\)](#), who need not have a direct supervision relationship with the provider rendering the services, and need not be an employee of the LEA.¹⁴ The ORP makes a referral or recommendation indicating that services are medically necessary and appropriate, but does not need to approve treatment plans or notes.¹⁵ This requirement does not apply when the reimbursement claim is being made to a commercial health insurance provider, however.



Medical Necessity

Under CYBHI, school-linked providers are entitled to reimbursement by managed care plans and insurers for medically necessary CYBHI-covered services delivered to students.

Under federal Medicaid law, which includes the Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit for children under age 21, a service is medically necessary for students under age 21 on Medi-Cal when it is offered to correct or ameliorate health defects, physical and mental illnesses, and conditions uncovered by screening services, whether or not such services are covered under the State Medicaid Plan.¹⁶ Further, “ameliorate” is defined broadly—services need not be curative or restorative; those that sustain, support, improve, or make more tolerable a mental health condition are considered ameliorative and thus medically necessary under EPSDT.¹⁷ Note that diagnosis is not a prerequisite to a service being medically necessary.

With respect to coverage under commercial health care services plans and disability insurers, California laws state that medically necessary treatment for mental health and substance use disorders is “a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression...”¹⁸

The provider makes the medical necessity determination based on the particular needs of the student, on a case-by-case basis. DHCS has provided written guidance stating that under the CYBHI Fee Schedule, “LEAs, IHEs and designated community-based school-linked providers are not required to submit documentation demonstrating medical necessity (i.e., assessments and treatment plans are not required to demonstrate that services were medically necessary) to substantiate a claim for reimbursement.”¹⁹ However, the CYBHI Fee Schedule Provider Participation Agreement includes a requirement that records be retained for ten years.²⁰

CYBHI covered services are not subject to cost-sharing in any form (co-payment, coinsurance, deductible, etc.), and the LEA may not bill the student or parent for the services.²¹



Scenarios

**These hypothetical scenarios were developed based on information shared by school system partners. The specific fact patterns and district and school names are fictional. The examples are for discussion purposes only.*

Scenario A: Apple Middle School

Apple Unified School District is part of a newly-launched cohort of LEAs implementing the CYBHI Fee Schedule at their school sites.

Teachers and school staff at Apple Middle School, part of Apple Unified, have noticed numerous students showing signs of high stress levels who would benefit from education and support. They raise this to the school principal, who is interested in ways to build out Tier 1 of the school's Multi-Tier System of Supports, but is unsure where to start or how to fund this. The group brainstorms and agrees that the students exhibiting high stress levels and their peers would benefit from help with mental health literacy and developing social-emotional skills, including training on how to identify, articulate, and process their emotions, as well as learn skills to better cope with stress.

Apple Middle School doesn't have any Certified Wellness Coaches or Community Health Workers yet and doesn't have a formal health course yet, either. However, it does have a PPS-credentialed school counselor on site three days per week, and a licensed credentialed school nurse who supports several schools within the district (and functions as the school's ORP for purposes of Medicaid billing under CYBHI).

The group loops in the school counselor and school nurse, who concur regarding the need for this support. Together, they review existing resources and information, and develop a plan. The PPS-credentialed school counselor will coordinate with teachers to plan a series of 45-minute sessions for each of the school's classes, during regular school hours. They will start with three sessions for each class, then seek student feedback, re-evaluate and plan next steps.

To support this work, the district plans to submit reimbursement claims for the services provided by the PPS-credentialed school counselor to the students under the Psychoeducation service category, using procedure code H2014, Skills Training and Development, Group (HQ modifier). Claims are submitted for every individual student in the class for whom medical necessity for the service is established. (If there are students in the class for whom medical necessity is not established, claims may not be submitted for those students.)

Scenario B: Cherry High School

Cherry Unified School District was a member of the first cohort of LEAs to launch CYBHI Fee Schedule implementation. The district's largest school site is Cherry High School, which serves grades 9-12.

A few years ago, the district hired a licensed educational psychologist who divides her time between Cherry High School and two smaller school sites. Much of her time has been devoted to IEP assessments and services, leaving little capacity for other support needs.

Following the approval of the State Plan Amendment on Certified Wellness Coaches (CWCs), the district was able to hire two full-time CWCs placed at Cherry High School, to be supervised by the licensed educational psychologist. So far, the CWCs have mainly provided one-on-one support to students. Academic stress levels are high, especially amongst juniors and seniors, and they've noted a general sense of anxiety and overwhelm. They begin tracking the types of issues they are seeing most frequently, and develop a plan for a series of mental health workshops, offered to groups of 15 students at a time, over the course of the academic year and organized by grade level. Examples of topics include: tools for managing academic stress; coping skills for anxiety; healthy planning and goal-setting; understanding substance use disorders (SUD); and where to find mental health resources and support. They plan to make the mental health workshops an ongoing offering for each school year, with content and topics adapted to meet the needs students are experiencing and the feedback they are providing on what would be most helpful to them. The district's licensed educational psychologist agrees to serve as the ORP for purposes of referring students for psychoeducation services.

The district plans to submit reimbursement claims for the services provided by the CWCs to the students under the Psychoeducation service category, using procedure code 0593T, Health and Well-Being Coaching, Face to Face, Group.

Claims are submitted for every student in the group for whom medical necessity is established. (If there are students in the group for whom medical necessity is not established, claims may not be submitted for those students.)

Scenario C: Peach Elementary School

Peach Elementary School, a K-6 school site in the Peach Unified School District, is situated in a community that is impacted by very high levels of poverty and food insecurity. Many families are struggling to meet basic needs, and some also face language barriers to accessing resources and healthcare. The community has a significant immigrant population, and recent reports of immigration enforcement in nearby areas have noticeably escalated stress levels.

The district is participating in the CYBHI Fee Schedule Program. Peach Elementary has had a longstanding informal relationship with a local community-based organization (CBO), and the district recently made the CBO a formally designated provider under the CYBHI Fee Schedule Program. The district employs a Licensed Clinical Social Worker (LCSW), who functions as the point person for student social-emotional needs, referring and connecting students and families with the CBO for mental health treatment (e.g. individual therapy). The LCSW wants to do more to help students and families access support and resources, learn strategies to promote health and well-being, and ensure students come to school ready and able to learn. However, neither she nor the CBO staff have the capacity to provide other types of support. District and school leaders want to bridge this gap.

Following the approval of the Medicaid State Plan Amendment adding Community Health Worker (CHW) as a provider type billable under the CYBHI Fee Schedule, the district hires a team of three CHWs to be based at the elementary school. All three of the new hires have deep knowledge of local community resources and lived experience navigating health care systems, and are bilingual. They will be supervised by the LCSW.

The team of CHWs meet with teachers, administrators, and parents and facilitate an informal focus group to seek input on the school community's needs. They find a clear need for student and family support around several topics related to student mental health and well-being. They develop a plan to offer individual and small group health education sessions on topics related to identifying and processing feelings and emotions, how to cope with feelings of fear and stress, how to keep your mind and body feeling healthy, how families can talk about mental health together, coping with community-wide trauma, and when and how to seek mental health care. Families interested in participating are invited to complete a short needs identification and interest form. The LCSW reviews this information and makes the appropriate referrals for psychoeducation services.

The district plans to submit reimbursement claims for the services provided by the CHWs, as supervised by the LCSW, under the Psychoeducation service category, using procedure codes 98961, Education and training for patient self-management by a CHW: 2-4 individuals; 98962, Education and training for patient self-management by a CHW: 5-8 individuals, as applicable.

Claims are submitted for every student in these sessions for whom medical necessity is established. (If there are students in the sessions for whom medical necessity is not established, claims may not be submitted for those students.)

Conclusion & Next Steps

Mental health education is a powerful tool for improving student health and well-being and advancing their academic achievement. Some California schools already provide students with mental health education through existing health courses at the middle and high school level, as required by Education Code. Other schools are integrating mental health education into classroom settings in other ways, including at the elementary school level, or providing other opportunities for students to access mental health education on campus. However, mental health education is still not universally accessible to California students.

The CYBHI Fee Schedule Program is a key avenue for public California schools to fund this important education, significantly expanding its access. It should also be part of a coordinated, integrated approach to student health and well-being.

Recommended next steps:

- **State leadership** should issue guidance and technical assistance to schools and district leaders about the intersection of mental health education and the CYBHI Fee Schedule Program. This may include:
 - » Examples of how schools may assess, identify, and refer students for receipt of psychoeducation services.
 - » Examples of how, when, where, and by whom psychoeducation services can be provided to students.
 - » In partnership with Carelon Behavioral Health (CYBHI Third Party Administrator), training and technical assistance on the CYBHI Fee Schedule billing process in the above scenarios, including the use of specific billing codes.
- **School and district leaders** should explore using the CYBHI Fee Schedule Program as a tool to fund and expand access to mental health education. This may include assessing existing staff, partnerships, and local partnership opportunities.
- **With the state's facilitation and support, school and district staff and their community-based partners** should share strategies, best practices, and lessons learned with one another regarding how they are implementing, or plan to implement, psychoeducation in practice (e.g. where, when, length of time, instruction methods) and where it fits in their overall approach to student health and well-being. They should also share existing resources (including materials already developed pursuant to SB 224).

The CYBHI Fee Schedule Program provides an opportunity to expand access to much-needed mental health education and services for students at a pivotal time when young people are facing unprecedented challenges to their mental health. We must ensure we utilize all the available resources to equip youth with the tools they need to thrive.

Endnotes

¹Pupil instruction: Mental health education, Sections 51925-51929 (2021). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB224

²Shalini Mustala, Paulette Cha, and Shannon McConville, Public Policy Institute of California, *Teen Mental Health and School-Based Services in California, 2026*, <https://www.ppic.org/publication/teen-mental-health-and-school-based-services-in-california/>, p. 15.

³“(a) As a component of the initiative, the State Department of Health Care Services shall develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a schoolsite.” Children and youth behavioral health initiative act. (2024). California Code, Welfare and Institutions Code - WIC § 5961.4 (a). https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5961.4.

⁴Eligible plans include Medi-Cal Fee-for-Service, Medi-Cal managed care plans, commercial health insurance, and disability insurance.

⁵Department of Healthcare Services (2026). Children and Youth Behavioral Health Initiative Fee Schedule Program. DHCS. <https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx>.

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Learn More

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Appendix A: California Education Code Sections 51925-51929

EDUCATION CODE - EDC

TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 65001] *(Title 2 enacted by Stats. 1976, Ch. 1010.)*

DIVISION 4. INSTRUCTION AND SERVICES [46000 - 65001] *(Division 4 enacted by Stats. 1976, Ch. 1010.)*

PART 28. GENERAL INSTRUCTIONAL PROGRAMS [51000 - 53303] *(Part 28 enacted by Stats. 1976, Ch. 1010.)*

CHAPTER 5.5. Comprehensive Health Education [51880 - 51929] *(Chapter 5.5 added by Stats. 1977, Ch. 809.)*

ARTICLE 6. Mandatory Mental Health Education [51925 - 51929] *(Article 6 added by Stats. 2021, Ch. 675, Sec. 2.)*

51925.

Each school district, county office of education, state special school, and charter school that offers one or more courses in health education to pupils in middle school or high school shall include in those courses instruction in mental health that meets the requirements of this article. This section shall not be construed to limit a school district, county office of education, state special school, or charter school in offering or requiring instruction in mental health as specified in this article. This instruction shall include all of the following:

- (a) Reasonably designed instruction on the overarching themes and core principles of mental health.
- (b) Defining signs and symptoms of common mental health challenges. Depending on pupil age and developmental level, this may include defining conditions such as depression, suicidal thoughts and behaviors, schizophrenia, bipolar disorder, eating disorders, and anxiety, including post-traumatic stress disorder.
- (c) Elucidating the evidence-based services and supports that effectively help individuals manage mental health challenges.

(d) Promoting mental health wellness and protective factors, which includes positive development, social and cultural connectedness and supportive relationships, resiliency, problem solving skills, coping skills, self-esteem, and a positive school and home environment in which pupils feel comfortable.

(e) The ability to identify warning signs of common mental health problems in order to promote awareness and early intervention so that pupils know to take action before a situation turns into a crisis. This shall include instruction on both of the following:

(1) How to seek and find assistance from professionals and services within the school district that includes, but is not limited to, school counselors with a pupil personnel services credential, school psychologists, and school social workers, and in the community for themselves or others.

(2) Evidence-based and culturally responsive practices that are proven to help overcome mental health challenges.

(f) The connection and importance of mental health to overall health and academic success and to co-occurring conditions, such as chronic physical conditions, chemical dependence, and substance abuse.

(g) Awareness and appreciation about the prevalence of mental health challenges across all populations, races, ethnicities, and socioeconomic statuses, including the impact of race, ethnicity, and culture on the experience and treatment of mental health challenges.

(h) Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance. This shall include, to the extent possible, classroom presentations of narratives by trained peers and other individuals who have experienced mental health challenges and how they coped with their situations, including how they sought help and acceptance.

(Added by Stats. 2021, Ch. 675, Sec. 2. (SB 224) Effective January 1, 2022.)

51926.

Instruction and materials required pursuant to this article shall satisfy all of the following:

(a) Be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

(b) Be accessible to pupils with disabilities, including, but not limited to, providing a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.

(c) Not reflect or promote bias against any person on the basis of any category protected by Section 220.

(d) Be coordinated with any existing on-campus mental health providers including, but not limited to, providers with a pupil personnel services credential, who may be immediately called upon by pupils for assistance.

(Added by Stats. 2021, Ch. 675, Sec. 2. (SB 224) Effective January 1, 2022.)

51927.

- (a) This article does not limit a pupil’s health and mental health privacy or confidentiality rights.
- (b) A pupil receiving instruction pursuant to this article shall not be required to disclose their confidential health or mental health information at any time in the course of receiving that instruction, including, but not limited to, for the purpose of the peer component described in subdivision (h) of Section 51925.

(Added by Stats. 2021, Ch. 675, Sec. 2. (SB 224) Effective January 1, 2022.)

51928.

For purposes of this article, the following definitions apply:

- (a) “Age appropriate” has the same meaning as defined in Section 51931.
- (b) “English learner” has the same meaning as defined in Section 51931.
- (c) “Evidence-based” means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the mental health field.
- (d) “Instructors trained in the appropriate courses” means instructors with knowledge of the most recent evidence-based research on mental health.

(Added by Stats. 2021, Ch. 675, Sec. 2. (SB 224) Effective January 1, 2022.)

51929.

On or before January 1, 2024, the department shall develop a plan to expand mental health instruction in California public schools.

(Added by Stats. 2021, Ch. 675, Sec. 2. (SB 224) Effective January 1, 2022.)