

Technical Assistance Plan

Training, Technical Assistance, Coaching And Implementation Support For Six LEAs And Eighteen Schools.

The Technical Assistance Plan describes how the Santa Clara County Office of Education and project partners will provide ongoing training, technical assistance, coaching, and implementation support to the six participating local educational agencies (LEAs) and eighteen participating schools across the contract period.

SUBMITTED BY

PRIME	Santa Clara County Office Of Education	Contractor
TO	Behavioral Health Services Oversight And Accountability Commission	Commission

ACTIVITY

3.5

DUE

September 30, 2026

CONTRACT TERM

July 1, 2026 to June 30, 2028

SCOPE REFERENCE

Exhibit A Section VI, Deliverable 3 · Nine required elements · Implementation Workplan Activity 3.5

Activity 3.3 is the training and capacity-building curriculum this plan draws on. It is cited here rather than reproduced.

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Introduction

What the plan covers, who provides the support, and how the nine required elements are organized.

The Agreement Requires

Contractor shall submit a written, comprehensive TTA Plan, as described below, for providing ongoing training, technical assistance, coaching, and implementation support to LEA and school partners. The TTA Plan shall include clear tasks and subtasks, roles and responsibilities of the Contractor's team, timelines and milestones, and how the Contractor will track progress and measure effectiveness.

Purpose And Scope

This plan describes how the Santa Clara County Office of Education (SCCOE) and project partners will provide training, technical assistance, coaching, and implementation support to six participating local educational agencies (LEAs) and eighteen participating schools between July 1, 2026 and June 30, 2028.

Support is organized around a single practical question: what does each school and LEA need in order to collect behavioral health information from students, understand what it shows, and use it in the decisions they are already making about student support, programs, and resources.

The answer differs by site. The eighteen schools vary in size, staffing, existing behavioral health programming, data practice, and the structures available for professional learning. Deliverable 1 recorded those conditions during recruitment and readiness review. This plan describes a common set of supports and a consistent process for deciding which of them each LEA and school receives.

WHAT THIS PLAN COVERS

Activity 3.3, the Training And Capacity-Building Curriculum, defines the professional learning content: three pathways, ten modules across the school and LEA pathways, and system leadership content. It was submitted separately and is referenced throughout. This plan describes how that learning reaches participants, how it is individualized, and how implementation is supported over time.

Who Provides The Support

SCCOE is the prime contractor to the Behavioral Health Services Oversight and Accountability Commission and leads the consortium. SCCOE coordinates the project, holds the relationships with participating LEAs, convenes the cohort, supports the identification of behavioral health champions, and connects this work to existing county behavioral health initiatives.

Four subcontractors deliver alongside SCCOE. Impacter Pathway leads platform deployment, student information system integration, screening implementation, data interpretation support, and the school and LEA capacity building described in Activity 3.3. Deveau Burr Group leads the Activity 3.3 curriculum,

co-leads onsite training and ongoing technical assistance, and leads the system leadership, governance, and sustainability work with county and state partners. Breaking Barriers California supports learning collaboratives and communities of practice and provides expertise on the CYBHI fee schedule, privacy law, and scope of practice. Applied Survey Research is the project evaluator and advises on how the effectiveness of technical assistance is measured. Stanford University School of Medicine contributes research and data governance expertise.

ACTIVITY	WHAT IT COVERS	LEAD	WINDOW
3.1	Review of each LEA and school's behavioral health service delivery infrastructure	Impacter Pathway and DBG	July to September 2026
3.2	Platform deployment across all eighteen sites	Impacter Pathway	August to November 2026
3.3	Training and capacity-building curriculum	DBG	August to September 2026
3.4	Initial onsite training at all eighteen sites	Impacter Pathway and DBG	October 2026 to January 2027
3.5	This plan	SCCOE	August to September 2026
3.6	Ongoing technical assistance, platform maintenance, data quality support, and implementation support	Impacter Pathway and DBG	November 2026 to June 2028
3.7	Screener demonstration to Commission staff	Impacter Pathway	September 2026
3.8	GenAI reporting and factsheet disclosure	Impacter Pathway	September to November 2026

Each element below names the activities it rests on, so the tasks, owners, and timelines the Commission requires can be read against the implementation workplan.

Behavioral Health Champions

Behavioral health champions are the primary partners for this work. Support is planned with them.

Each participating LEA designates at least one behavioral health champion, and participating schools have designated behavioral health champion capacity as well. The structure may include several champions, depending on local staffing and implementation needs.

The role is a function, not a standardized job title. Responsibilities, authority, technical expertise, and influence differ across LEAs and schools. At an LEA a champion may be a director of student services, a district social worker, a behavioral health or wellness lead, or another staff member responsible for implementation and data use. At a school the role may sit with a counselor, an assistant principal, a wellness coordinator, a school social worker, a psychologist, or an MTSS lead.

LEVEL	WHAT THE CHAMPION SUPPORTS
LEA Behavioral Health Champions	Districtwide screening strategy, coordination across participating sites, professional development priorities, district structures and calendars, support to site champions, and LEA-level implementation and barrier resolution
Site Behavioral Health Champions	Local implementation, administration planning, staff roles and participation, school data-use structures, and application of behavioral health information within existing school practices

How This Plan Is Organized

The nine required elements of Exhibit A are the sections of this plan, in the order the agreement states them. Within each element the plan describes the work, who carries it, when it occurs, how it is adapted locally, and what evidence shows it is working. Not every category appears under every element.

Element 1 establishes five support channels, and the rest of the plan uses those names: Strategic Planning, Professional Development, In-Field Coaching And Application To Practice, Technical And Platform Support, and Quarterly Convenings.

One principle recurs and is stated once here. **Professional learning takes place inside structures that already exist.** Where a school already convenes an MTSS team, a professional learning community, an instructional leadership team, or a staff meeting, that is where behavioral health information is introduced. The same applies at the LEA, where district MTSS meetings, principal meetings, and student services leadership meetings already bring the right people together. Where no appropriate structure exists, SCCOE and project partners will help the LEA or school establish one.

Ongoing TTA, Platform Maintenance, And Implementation Support

The five channels through which support reaches participating LEAs and schools across the contract period, and what each is used for.

The Agreement Requires
Provide ongoing TTA, platform maintenance, and implementation support to the LEA and school partners.

The Five Support Channels

Support reaches participating LEAs and schools through five channels. The first four operate at the LEA and school levels. The fifth operates across the cohort. Activity 3.6 carries this work from November 2026 through June 2028.

CHANNEL	PURPOSE	TARGET AUDIENCE
1 · Strategic Planning	Set screening strategy, professional development priorities, and the structures the work runs through	LEA: behavioral health champions, student services and program leadership School: behavioral health champions, site administrators, MTSS and wellness leads
2 · Professional Development	Build the knowledge and skills identified through strategic planning, using the Activity 3.3 curriculum	LEA: district teams and role-specific groups School: site teams, counselors and behavioral health practitioners, administrators, and other staff as identified
3 · In-Field Coaching And Application To Practice	Model a practice, facilitate its first use with a local team, and transfer responsibility to local staff	LEA: cross-site review groups, district data and student services teams School: MTSS teams, PLCs, ILTs, school data teams, counseling and wellness teams
4 · Technical And Platform Support	Keep the platform configured, integrated, accessible, and ready for each screening window	LEA: IT and technology staff and other designated technical contacts School: site technology leads, teacher technology leads, or other designated staff
5 · Quarterly Convenings	Learning across the cohort, and identifying practices that transfer	Cohort: all six LEAs and their school teams, with county partners from the second convening onward

Strategic Planning

Strategic planning takes place with designated behavioral health champions. It is itself a form of capacity building: champions strengthen their ability to plan screening, decide what professional learning is needed, and coordinate implementation as the project proceeds.

At The LEA Level

- districtwide screening strategy and priorities;
- coordination across participating schools;
- identification and support of site-level behavioral health champions;
- professional development priorities;
- alignment with district calendars and existing structures;
- implementation barriers requiring LEA-level action;
- cross-site learning and data-use priorities; and
- increasing LEA ownership of BHPM implementation.

At The School Level

- local screening strategy;
- administration planning;
- staff roles and participation;
- professional development needs;
- local data-use structures;
- integration with existing school teams and routines;
- preparation for subsequent screening cycles; and
- increasing site ownership.

Cadence is set with each LEA. It follows the screening strategy, the implementation stage the site has reached, and the school calendar.

Professional Development

Professional development builds the knowledge and skills identified through strategic planning. Activity 3.3 provides the common curriculum. Strategic planning determines which content is most relevant, who needs it, and how it is delivered locally.

Format and audience remain flexible. A session may be built for:

- a districtwide wellness team across the three participating schools;

counselors and behavioral health practitioners across participating sites;
a school staff meeting;
a professional learning day;
a role-specific group; or
another locally appropriate configuration.

In-Field Coaching And Application To Practice

This channel puts the learning to work inside a live team, with the project modelling first and handing over as local staff gain experience. BHPM partners model a practice, facilitate its first use with an LEA or school team, and support local staff as they begin leading it themselves.

facilitating an initial behavioral health data walkthrough with an MTSS team;
working with a grade-level PLC to consider behavioral health information alongside academic information;
supporting an ILT in connecting findings to schoolwide practice;
facilitating an LEA cross-site review;
supporting an LEA or school team through an initial PDSA cycle; and
modelling a recurring data-review protocol that local staff subsequently lead.

WHY THIS CHANNEL EXISTS

The purpose extends past completing the immediate activity. Each session is run so local staff gain the knowledge and the practical experience they need to take responsibility for the process themselves.

Technical And Platform Support

Impacter Pathway's Customer Success and Enablement team works with the technology staff each LEA identifies, and with site technology leads where a school designates one. Support covers rostering, student information system integration, single sign-on, permissions, account access, devices and audio, screening preparation, troubleshooting, data quality, and reporting workflows. Element 8 describes it in full.

Quarterly Convenings

Four convenings bring the six LEAs and their school teams together across the contract: October 28, 2026; March 3, 2027; May 5, 2027; and October 27, 2027. County partners join from the second convening onward.

Convenings operate at the cohort level and serve a purpose the other four channels cannot.

Participants:

- share implementation approaches;
- learn from practices across LEAs and schools;
- examine common implementation challenges;
- identify transferable practices; and
- identify issues that may benefit from broader project support.

Each session runs as a cycle across the cohort: review of current data, a spotlight district or theme, breakout discussion by role, decisions, and commitments for the following quarter. The fourth convening is where the cohort drafts its statewide recommendations. Practices identified as transferable feed Deliverable 7, the Student Behavioral Health Performance Management Training Guide.

How Support Changes Across The Two Years

Year 1 and Year 2 do not require the same support. Early implementation calls for more attention to screening strategy, administration, foundational assessment literacy, first interpretation of results, and establishing a data-use routine. Later support shifts toward more independent facilitation by local staff, subsequent data cycles, improvement cycles, learning across sites, and integration into the routines the LEA will still be running after the contract ends.

The progression is individualized. What Year 1 shows at each site determines what Year 2 emphasizes there.

Review Of Existing Behavioral Health Service Delivery And Performance-Management Infrastructure

How local conditions are reviewed, what the review covers, and how what it finds shapes screening strategy and professional learning.

The Agreement Requires

Review each LEA and school's current behavioral health service delivery infrastructure, including data collection, reporting systems, performance monitoring practices, and procedures for using data for goal setting and tracking.

Reviewing Local Conditions

Technical assistance begins with the systems an LEA and its schools already operate. Reviewing those conditions is a recurring practice.

Deliverable 1 recorded the initial position at all eighteen sites during recruitment and readiness review: staffing and organizational structures, behavioral health and student support systems, data practices, technology, screening conditions, MTSS and referral structures, existing programs, professional learning structures, and the funding and staffing arrangements these depend on. Activity 3.1 completed that review with each LEA and school.

Those findings informed implementation planning, and they continue to inform technical assistance. Conditions change: staff move, programs start and end, funding shifts, and a site's own understanding of its systems develops once it begins looking at behavioral health information. Local conditions are therefore revisited with each LEA, and the current position is what support is built on.

What The Review Covers

With each LEA and school the BHPM team reviews:

- behavioral health programming already in place, and who provides it;
- staffing models, roles, and where behavioral health responsibility sits;
- the school and district data systems in use, and what each holds;
- existing data-review protocols and the meetings that use them;
- student support structures, including MTSS, referral pathways, and wellness services;
- what teams currently know about their students, the information sources they use, and what those sources help them understand;
- performance monitoring practice, and how data informs goal setting and progress tracking; and

what they would like to understand about students that they cannot currently see.

The last of these carries the most weight for what follows.

The Starting Question

The first substantive conversation about screening asks what information about students would be useful that the school does not currently have.

The six behavioral health competencies give teams a common vocabulary for that conversation: Emotional Resilience, Relational Awareness, Conflict Resolution, Reflective Growth, Self-Insight, and Effective Help-Seeking. A team considering which of these it can currently see, and for which students, arrives at a screening strategy that answers a question it actually has.

WHY THIS ORDER MATTERS

When administration logistics are settled first, a school can complete a screening window and then have to work out what to do with the results. When the information need is settled first, the team already knows which decision the results are meant to inform and who will look at them.

How Review Findings Are Used

What the review finds is used in three ways.

It shapes screening strategy. Population, timing, and the role of baseline and subsequent administrations all follow from the information a school is trying to obtain. Element 4 describes that work.

It sets professional development priorities. Existing data practice, the structures available for professional learning, and the experience participants bring determine which parts of the Activity 3.3 curriculum receive emphasis and in what depth. Element 3 describes that work.

It identifies where behavioral health information belongs. The meetings and protocols a school and LEA already run are where results will be reviewed. Element 6 describes that work.

Impacter Pathway and DBG carry this review jointly under activity 3.1, with SCCOE supporting through its relationships with participating LEAs and its role in identifying behavioral health champions.

Individualized And Group Training And Capacity Building

How the Activity 3.3 curriculum reaches participants, how the offer is set with each LEA, and what is common across the cohort.

The Agreement Requires

Develop and provide individualized and group training and capacity-building for LEA and school partners, including initial onsite training at all 18 school sites for counselors, administrators, wellness coordinators, and behavioral health staff to strengthen implementation of behavioral health performance management strategies.

The Curriculum And Its Configuration

Activity 3.3 defines the professional learning content across three pathways, including ten modules across the school and LEA pathways and system leadership content in Pathway 3. Each LEA uses this common curriculum to develop professional learning that reflects its local priorities, participant roles, existing capacity, and implementation needs.

The modules identify areas of professional learning rather than a required sequence of workshops. Which modules a participant group receives, in what order, at what depth, and in which setting is decided with each LEA. Two schools may work through the same module and need very different amounts of modelling, practice, and follow-up support to reach the same capacity.

The curriculum is published in full and is not restated here.

Initial Onsite Training At All Eighteen Sites

Initial onsite training takes place at all eighteen participating schools for counselors, administrators, wellness coordinators, and behavioral health staff. Activity 3.4 carries this work from October 2026 through January 2027, led jointly by Impacter Pathway and DBG.

Onsite sessions cover the purpose and appropriate use of behavioral health screening, the six behavioral health competencies, what the platform shows and how to navigate it, how to read results at the level appropriate to each role, and how findings enter the school's existing student support process. The emphasis at each site follows what the infrastructure review found there.

Strategic Planning With Behavioral Health Champions

After initial implementation, behavioral health champions review the curriculum with the BHPM team. Deliverable 1's readiness findings provide the starting point. Together they identify:

the LEA's goals for behavioral health information;
 the knowledge and skills that matter most locally;
 which staff groups need those capacities;
 which curriculum modules address them;
 where more or less depth is warranted;
 a sequence that fits the school year; and
 the professional learning settings actually available.

Year 1 priorities inform what needs further development in Year 2.

Designing Backward From Data Use

Once a screening strategy is established, professional learning is planned backward from the intended use of the results. The planning question is: if screening is fully implemented at this school, what does each group who will use the information need to know and be able to do?

STAKEHOLDER GROUP	FOCUS OF THEIR WORK	KNOWLEDGE AND SKILLS NEEDED
Counselors And Behavioral Health Practitioners	Individual students, a caseload, a targeted group	Interpret student-level results alongside what they already know about a student, decide follow-up, monitor progress, and apply established response and referral processes
School Teams	A grade, a subgroup, a classroom or program group, schoolwide patterns	Identify strengths and areas for growth, connect patterns to existing supports, facilitate a review protocol, and agree an action and an owner
Site Administrators	Schoolwide patterns, implementation, and school goals	Set a baseline-informed goal, establish and protect the review routine, and decide where findings are addressed
LEA Leadership	School aggregates, cross-site patterns, districtwide trends, implementation variation	Compare across schools without ranking them, differentiate support, and inform program, staffing, and professional learning decisions
System Partners	Appropriately aggregated information across LEAs	Understand implementation conditions, and use findings in coordination, reporting, and planning within governance and privacy limits

That mapping is what determines which modules a group receives, and it is done with each LEA.

How Professional Learning Is Delivered

Delivery follows the support channels established in element 1.

Strategic Planning

Strategic planning with behavioral health champions is itself a form of capacity building and professional learning. Champions strengthen their ability to plan screening and data-use strategies, identify professional development needs, determine appropriate participants, select relevant Activity 3.3 content, connect the work to existing structures, and increasingly coordinate implementation themselves.

Professional Development

Professional development builds the knowledge and skills identified through strategic planning. Audience and format are determined locally with behavioral health champions, using the structures a district and its schools already run: an existing staff meeting, a districtwide wellness team across the three participating schools, a professional learning day, counselors and behavioral health practitioners drawn from across participating schools, or another existing professional learning structure.

In-Field Coaching And Application To Practice

Learning is applied inside a live team, with BHPM partners modelling first. Partners may:

- model a practice;
- facilitate its initial use with a local team;
- support staff while they practice it with their own information and processes; and
- support transfer of responsibility to local staff.

Settings include professional learning communities, MTSS teams, school data teams, instructional leadership teams, district behavioral health meetings, and cross-site review. Local staff should become increasingly able to lead these practices without direct project facilitation.

BHPM will use existing professional learning and decision-making structures wherever practical. New meetings or structures are established only where existing ones do not support the work.

What Is Fixed And What Is Set Locally

COMMON ACROSS THE COHORT

Initial onsite training at all eighteen sites. The Activity 3.3 curriculum as the source of content. Strategic planning conducted with behavioral health champions using Deliverable 1 findings, local goals, screening strategy, participant roles, and available professional learning structures. Appropriate use of behavioral health information at every level, and asset-based interpretation.

SET WITH EACH LEA

Which modules are prioritized, for which staff groups, in what sequence, at what depth, in which settings, and with how much follow-up support. The number of sessions. The pace across Year 1 and Year 2.

The project commits to an individualized capacity-building process rather than to a fixed schedule of sessions. Committing to a set number of workshops for every LEA would produce training that fits some sites and wastes the time of others.

Initial Onsite And Implementation-Startup Support

The startup sequence at each site, from orientation through screening strategy and administration design to the first administration and the debrief that follows it.

The Agreement Requires

Develop and deliver capacity-building supports, including initial onsite or implementation-startup training for school counselors, administrators, wellness coordinators, behavioral health staff, and district leads.

Orientation

Startup support begins with orientation to the project for the staff who will run it. This element extends the audience of element 3 to district leads and covers the sequence each site works through before its first screening administration.

How an LEA entered the project affects what orientation is needed. Senior leadership took part in the initial commitment; the counselors, wellness coordinators, and site administrators who will carry implementation may have had less exposure. Early sessions therefore cover the purpose of BHPM, what behavioral health screening is and is not, and how results are intended to be used, before any discussion of logistics.

Developing A Screening Strategy

Once the information need is clear, the BHPM team supports the LEA and its schools to develop a screening strategy. That strategy identifies:

- the student population to be screened;
- developmental or educational transition points where the information would be most useful;
- the timing of administration within the school year;
- the role of the initial administration in establishing a baseline;
- how subsequent administrations support review of change over time; and
- which staff groups will use the resulting information.

Transition points a school might identify include third grade as academic expectations change, upper elementary as peer relationships become more complex, entry into middle school, and entry into high school. These are examples of the kind of point a school may select. The population and timing follow from the questions each LEA and school is trying to answer.

Designing The Administration

Administration is designed after purpose, population, and timing are settled. Impacter Pathway uses the Behavioral Health Screener Implementation Playbook ↗ for this work. The playbook carries a decision framework and seven administration models a school can select from and adapt.

MODEL	SUITS A SCHOOL THAT
1 · Class Period Block Homeroom or advisory	Has a common period and wants the window completed in one focused session
2 · Mobile Assessment Cart Indoor or outdoor	Has limited devices and can move a cart between classrooms across the day
3 · Small-Group Testing Center Wellness center, library or lab	Wants a quieter, more private setting and can staff a dedicated space
4 · Push-In Classroom Mini-Stations	Wants students to remain with their class, and needs a setup that works alongside existing accommodations
5 · Pull-Out Targeted Sessions	Is screening a defined group, or has students who need individual administration
6 · Family-Assisted Remote	Needs a route for students who cannot participate on site
7 · Student-Guided Window Self-paced	Cannot fix a single time and wants students to complete within a defined window

The decision framework works from a school's largest constraint to the model that answers it. A tight schedule points toward the class period block. Limited devices point toward the mobile cart. A need for privacy points toward the small-group center or pull-out sessions. A schedule that cannot be fixed points toward the student-guided window.

Impacter Pathway helps each school select and adapt a model against:

- screening strategy;
- schedule;
- staffing;
- available space;
- device access;
- privacy and noise;
- accessibility needs;
- administration roles;
- make-ups and absences; and
- other local conditions.

The questions that sharpen the choice are practical ones. Is there a common advisory or class period? How can screening occur without unnecessary disruption to instruction? Will students be comfortable giving spoken responses in the proposed setting? What level of physical privacy is appropriate, and would privacy dividers or smaller groups serve better? Is another school space available? What devices and audio equipment are required? Who will administer? How will make-up sessions run?

THE MODELS ARE OPTIONS

The seven models are starting points for local planning, not prescribed configurations. A school may combine them, adapt one, or arrive at something the playbook does not describe. The playbook ↗ also covers cadence and scheduling, accessibility and language supports, and how the screener is introduced to students.

Accessibility And Language

Implementation planning includes students with disabilities and linguistically diverse students. Local teams consider the accommodations and procedures already in place for each student, including those identified through an individualized education program or another established process. Depending on the student, that may mean small-group administration, individual administration, a different setting, or a modified presentation consistent with an existing accommodation. Models 3, 4 and 5 in the playbook are the usual starting points for these arrangements.

Family communication reflects the actual linguistic context of the community. Some participating communities include families who speak languages carried largely through speech rather than writing. Translating a written notice into such a language does not by itself give a family meaningful access to what is being proposed. Telephone interpretation, in-person interpretation, or another local communication practice may be the appropriate route. Each LEA determines what is appropriate for its families.

Communication Resources

Participating LEAs have already identified resources they want: brief student-facing presentations to run before screening, scripts for the teachers, counselors, or other staff administering it, frequently asked questions, family communication materials, privacy information, and consent resources. Impacter Pathway provides access to its Customer Success and Enablement library, including consent functionality where an LEA's consent model requires it.

Resources are selected or developed according to what a site needs. Schools do not all receive the same package, because they are not all answering the same questions or communicating with the same families.

The First Administration

Impacter Pathway provides onsite support for each site's first screening administration. That presence helps the administration run well and lets the local team see how the process works so they can take more of it on next time.

A debrief follows the first administration. The team reviews what worked, how students responded, where administration created friction, whether the setting gave adequate privacy, whether the schedule and staffing were right, whether communication to families and staff was sufficient, what should change before the next window, what site staff are ready to run themselves, and what support they still want.

WHAT THE DEBRIEF IS FOR

Each administration should require less external support than the one before it. The debrief is where that transfer is planned, and what it agrees becomes the starting point for the next strategic planning conversation.

Alignment With Behavioral Health Performance Management

How schools and LEAs are supported to connect behavioral health information to the project's indicator set, to local goals, and to the reporting systems around them.

The Agreement Requires

Support schools in aligning behavioral health systems with a performance management framework, including identification of key indicators, outcomes, and metrics aligned with project requirements.

The Indicator Set

Deliverable 2 defines the indicators, outcomes, and metrics the project reports to the Commission across four domains: services provided, students served, service utilization, and outcomes and impact. This element describes how participating schools and LEAs are supported to use that measurement model in their own practice.

Support focuses on three things participants need to be able to do:

- match the level of information to the decision being made, distinguishing what a counselor may examine for an individual student from what a school team examines for a grade and what LEA leadership examines across schools;
- read behavioral health information alongside the attendance, engagement, academic, and service information the district already holds; and
- recognize when a pattern raises a question that requires another source of evidence before anyone acts on it.

The plan does not restate or extend the Deliverable 2 indicator set. The final Indicators, Outcomes, and Metrics Brief is due November 30, 2026, and this plan references it.

Baseline-Informed Goals

An initial administration establishes a baseline. Schools and LEAs are supported to use that baseline to inform a focused improvement goal, connected where appropriate to priorities they already carry: attendance, academic engagement, school climate, transition and readiness, positive behavioral interventions and supports, professional learning, priorities in the Single Plan for Student Achievement, or priorities in the Local Control and Accountability Plan.

Subsequent administrations allow the team to look at what changed, alongside implementation information showing whether the intended practice actually happened. Element 9 describes how that review is structured.

Performance Review Across Schools

LEA leaders use aggregate behavioral health information for decisions schools cannot make. Directors of student services, educational services leaders, and program leaders examine districtwide patterns, differences across schools, how programs are being implemented, district behavioral health offerings, staffing, professional learning needs, the support site leaders need, and the relationship between this information and LCAP or other accountability priorities.

Cross-site review is framed as inquiry. Variation between schools raises questions about implementation conditions, student population, and local context before it says anything about performance. Support on this point is explicit, because a cross-site view is easy to read as a ranking, and a school read as underperforming tends to defend itself instead of examining what the information shows.

Aligning Beyond The District

Behavioral health services for any student are funded and delivered by more than one agency. Aligning a school's behavioral health system with performance management therefore extends past the district, and DBG leads this work with county and state partners.

Four practices carry it.

A shared way of describing services. Every child-serving agency sorts its services into universal, targeted, and intensive, and each uses its own words and rules. Participants map their own agency's services onto a common three-tier vocabulary that describes services rather than children, so a student can be in a universal classroom program and a targeted group at the same time and the record shows both. Laid side by side, the agencies in a county can see where the array is thick, where it is thin, and where two agencies fund the same thing.

An inventory of what already exists. Participants complete an initiative inventory covering every program, funding stream, and staff role touching student behavioral health in their agency, noting whether the money is one-time or ongoing.

A connection between the tables where decisions are made. At a school, the coordination of services team is where screening information meets the people who control services. At the county, the interagency leadership team established under AB 2083 and its executive advisory committee are the equivalent table for the whole system, with the authority to move money and staff. Sessions address how a barrier logged at a school reaches the people who can remove it, and how decisions travel back down.

Use of reporting that already exists. County behavioral health plans file an Integrated Plan and a behavioral health outcomes, accountability, and transparency report. LEAs file the LCAP. Community Schools grantees are entering an accountability cycle. Sessions address where school-based screening and tier information fits within each of those, without proposing a new reporting obligation.

Each session opens with a single case traced from a screening result forward: who saw it, who was told, what level of support was offered, which agency paid, and where a handoff may not have happened. Sessions use the project's own dashboard and reports as the evidence, and participants practice explaining what the information shows to a board, a committee, or a superintendent in plain terms, beginning with student strengths.

Where This Support Is Delivered

School and LEA alignment is supported through the onsite training under activity 3.4 and the ongoing support under activity 3.6, using the Pathway 2 content of the Activity 3.3 curriculum. It reaches sites through strategic planning, professional development, and in-field coaching and application to practice.

System alignment is delivered through the quarterly convenings, which county partners join from the second session onward, and through briefings arranged for Commission members, the California Department of Education, the State Board of Education, and legislative offices as findings become available. Breaking Barriers California supports the sessions touching the CYBHI fee schedule and scope of practice.

Integration With Existing School And LEA Frameworks

How behavioral health information enters the meetings, protocols, and improvement processes a school and district already run, and why that is what makes the practice last.

The Agreement Requires

Support integration of performance management practices within existing school frameworks such as MTSS, community schools, and other whole-child initiatives.

Integration Is How The Work Survives Staff Change

Behavioral health information is useful when it reaches a meeting where someone can act on it. Identifying those meetings at each school and LEA, and putting the information into them, is the work of this element.

Principals are promoted. Counselors transfer. Champions leave districts, and staff responsibilities change. If the capacity BHPM builds sits only with an individual champion, counselor, administrator, or project partner, it leaves when that person does. Integration keeps the knowledge and the practices available to the organization through those transitions.

Four questions guide the work at each site:

Where does this learning already fit?

Who already meets to make this decision?

Where is student information already reviewed?

Where does professional learning already happen?

Deliverable 1 recorded the MTSS position at each of the eighteen sites and identified the community schools among them, which is the starting point for answering them.

Where BHPM Practices Are Integrated

LEVEL	EXISTING STRUCTURES	HOW BHPM IS INTEGRATED	SUSTAINABILITY FOCUS
School	MTSS and student support teams · Community Schools structures · counseling and wellness teams · PLCs · ILTs · school data teams · PBIS review · staff meetings · school improvement planning	Behavioral health information is added to an agenda the team already holds. A review protocol is adopted into the meeting's normal practice. Findings produce an action, an owner, and a date the team sets itself.	The protocol and the agenda item belong to the team. A new counselor joins a meeting that already reviews this information.
LEA	District behavioral health and student services teams · district data routines · principal meetings · professional development structures · program review · LCAP and improvement planning	Cross-site behavioral health review joins an existing district routine. Findings inform program, staffing, and professional learning decisions through the processes that already make them.	Cross-site review is a standing district practice with documentation and a protocol, so it continues when a director changes.

A standing behavioral health meeting created by the project tends to end when the project does. Structures the LEA already funds and staffs continue.

How Integration Is Supported

APPROACH	WHAT HAPPENS
Modeling	BHPM partners demonstrate data walkthroughs, review protocols, goal setting, and other practices with the team watching.
Facilitated Practice	Local teams use the practices with their own behavioral health information and the other data they already hold.
Coaching	Behavioral health champions and other staff build their ability to lead the work themselves.
Shared Tools And Protocols	Teams establish usable agendas, protocols, documentation, and resources that more than one staff member can run and that transfer when roles change.
Integration Into Existing Routines	BHPM practices become part of established MTSS, Community Schools, counseling, leadership, professional development, data-review, and improvement processes.
Transition Of Ownership	LEAs and schools assume increasing responsibility as their experience and capacity grow.

WHAT THIS ADDS UP TO

The knowledge, routines, tools, and practices developed through BHPM are intended to remain usable as individual champions, counselors, administrators, and other staff change.

Using The Information To Examine Existing Programs

Behavioral health information gives teams a way to ask better questions about supports they already run.

Consider a middle school running a peer-mentoring program for incoming students. Screening sixth graders and looking at Effective Help-Seeking shows whether students name their peer mentor, their counselor, their teachers, or other school resources as people they would go to. That tells the school something about how its intended support is showing up in students' own accounts of their experience. It does not establish that the program produced the result, and participants are supported to hold that distinction.

The same applies to academic practice. A high school implementing inquiry-based mathematics has a direct interest in Emotional Resilience, because productive struggle is built into the instructional design. Behavioral health information can help a team consider how students respond when academic work becomes difficult, and whether classroom practice supports them through it. This is one reason instructional leadership is sometimes the right audience for professional learning about behavioral health information.

Behavioral health information also informs universal practice. Aggregate patterns can confirm that an existing universal support is working as intended, identify a universal practice worth strengthening, indicate where an additional universal support would help, inform professional learning, and identify where targeted or intensive support is needed. The appropriate response depends on the level and the pattern of the information.

Where This Support Is Delivered

Integration is supported through the onsite training under activity 3.4 and the ongoing support under activity 3.6, drawing on the Activity 3.3 curriculum, particularly the modules on integrating behavioral health information into student support and school practice and on school and LEA data-use systems. In-field coaching and application to practice is the channel that carries most of it. The quarterly convenings are where LEAs compare how they have approached integration and identify practices worth adopting elsewhere.

Platform Deployment And Operational Implementation

What deployment involves at each site, who does it, and the agreements and disclosures that sit around it.

The Agreement Requires

Deploy an operational behavioral health screening and performance management platform across all 18 school sites, including technology configuration, SIS integration, reporting workflows, data privacy agreements, CYBHI fee schedule activation, as well as related implementation supports.

Deployment Across The Eighteen Sites

Impacter Pathway leads deployment of the behavioral health screening and performance management platform at all eighteen participating schools under activity 3.2, running from August through November 2026.

Deployment at a site covers technology configuration, student information system integration, single sign-on provisioning, rostering, account and access setup, role-based permissions, devices and audio, and preparation and testing before the first screening window. The sequence and the specifics differ by district, because the student information systems, identity providers, and device arrangements differ.

Working With LEA And Site Technology Staff

Each LEA identifies a technology specialist or team, and Impacter Pathway's Customer Success and Enablement team works with them directly. Where a school designates a site technology lead or teacher technology lead, that person is included. Districts use different identity providers, so single sign-on is configured through Clever, Google, or whichever provider the district already runs. Roster method and synchronization schedule are set the same way.

The LEA technology contact is an implementation partner. They know the district's systems, its constraints, and its change windows, and deployment is planned around what they advise.

Data Privacy Agreements

Data privacy agreements are in place before student data moves. The project operates under the California Student Data Privacy Agreement and a master services agreement carrying children's online privacy terms, both executed between Impacter Pathway and SCCOE and published in the project's resource library. Agreements at the district level are confirmed with each LEA as part of deployment.

Stanford University School of Medicine contributes expertise in data governance, regulatory compliance, data security, and privacy through its Data Core. Breaking Barriers California advises on privacy law and scope of practice questions as they arise.

CYBHI Fee Schedule

Participating LEAs come to this work with different positions on the Children and Youth Behavioral Health Initiative fee schedule, and several already bill under it. Milpitas Unified School District, Sunnyvale School District, and San Diego Unified School District have each drawn reimbursement. Mount Pleasant Elementary School District and Lake Tahoe Unified School District are published cohort participants with no reimbursement recorded. Rio School District works under a county capacity grant and carries two CYBHI-funded associates in a licensure pathway.

Fee schedule activation during deployment therefore means different things across the cohort. Where an LEA already bills, activation is a matter of configuring the platform to support the workflow the district runs. Where it does not, activation connects to the billing readiness work already under way there. Deliverable 1 records each district's position, and deployment starts from it.

Capacity building on the fee schedule itself, and the wider financing and sustainability questions around it, is addressed in the system leadership pathway of the Activity 3.3 curriculum. Breaking Barriers California provides the subject matter expertise on fee schedule implementation and Medi-Cal sustainability, and the fee schedule scope, rates, and codes are published in the project's resource library.

Reporting Workflows

Reporting views are configured so that each role sees what is appropriate to it. Authorized practitioners see roster-synced student-level information. School teams see grade, group, and schoolwide aggregates. LEA leadership sees school aggregates and cross-site views. These views are configured during deployment, because the first screening window produces information people need to be able to read immediately.

Technology Disclosure

Activity 3.8 completes the GenAI reporting and factsheet disclosure covering third-party transcription used in the service documentation workflow, as required by Exhibit C sections 20 and 56 for previously unreported technology. Impacter Pathway carries this from September through November 2026.

Ongoing Platform, Data Quality, Reporting, And Implementation Support

The technical and data support that continues after deployment, and the rehearsal that prepares local teams to run each screening cycle themselves.

The Agreement Requires

Describe how ongoing platform maintenance, data quality support, reporting assistance, and implementation coaching will be provided over the course of the Contract.

What This Element Covers

Element 1 describes the support offer as a whole and the five channels it travels through. This element describes the platform and data work underneath it: what keeps the system running, what keeps the information trustworthy, and what prepares local teams to operate it with decreasing assistance. Activity 3.6 carries this work from November 2026 through June 2028.

Platform Maintenance

Impacter Pathway maintains the platform across the contract term. Between screening windows that means keeping rostering and student information system synchronization current as enrollment changes, maintaining single sign-on and account access as staff arrive and leave, and resolving issues raised by LEA technology staff or site teams.

Data Quality

Data quality support covers participation and reach, roster accuracy, completeness of administration, and identifying where results are thin enough that a team should be cautious in reading them. Sites see their own participation information so they can act on it during a window, not after it closes.

Reporting Assistance

Reporting assistance helps school and district staff get what they need out of the platform. That includes navigating the reporting views appropriate to a role, preparing information for an existing meeting, and producing the aggregate views a site leader or board presentation requires.

Quarterly outcome reporting to the Commission is delivered through Deliverable 6, the Student Services and Outcome Report. This plan does not describe a parallel reporting stream.

Implementation Rehearsal

Before a screening window or a data-use activity, BHPM partners rehearse the steps with the LEA or school staff who will carry them out. The team walks through what it is about to do while there is still time to change it.

A rehearsal may cover:

- walking through administration procedures;
- clarifying staff roles;
- rehearsing student communication;
- practicing a data-review protocol;
- preparing to facilitate a meeting;
- reviewing the sequence for an upcoming screening cycle; or
- rehearsing another locally planned implementation practice.

Rehearsal gives teams the opportunity to identify questions, make adjustments, and prepare to carry out the process with increasing independence. Confirming rosters, checking devices and audio, and verifying access for the staff who will administer happen alongside it, and between them they catch most of what would otherwise go wrong on the day.

Impacter Pathway carries platform, data quality, and reporting under activity 3.6. DBG co-leads implementation support under the same activity. How much rehearsal a site wants is set with each LEA, and it is expected to reduce as local teams gain experience.

Tracking TTA Delivery, Implementation Progress, Barriers, Fidelity, And Site-Specific Needs

What is tracked, how the effectiveness of technical assistance is evaluated, and how progress is reported to the Commission.

The Agreement Requires

Identify and describe how Contractor will track TA delivery, implementation progress, barriers, fidelity, and site-specific support needs.

What Is Tracked

Tracking covers what was delivered and what changed as a result. Counts of sessions and participants record the first. Evidence of adult practice change records the second, and it is the stronger indication that capacity has been built.

WHAT	RECORDED
TA Delivery	Which support channel, sessions delivered, sites and LEAs reached, participant roles, setting used, and which curriculum content was covered
Implementation Progress	Screening strategy agreed, administration model selected, administration completed, participation and reach, data review occurring, actions identified and followed up
Barriers	What is preventing implementation at a site, who raised it, what was done, and whether it needed to go to the LEA or beyond
Fidelity	Whether the core expectations below are being met
Site-Specific Needs	Support a site has asked for or that strategic planning has identified, and how it was answered

Evaluating Whether Technical Assistance Is Working

Participant satisfaction is not sufficient evidence that professional learning has produced capacity. The project uses Thomas Guskey's five levels of professional development evaluation to organize the evidence, applied to the capacities the Activity 3.3 curriculum addresses.

LEVEL	QUESTION	EXAMPLE, FOR CHAMPIONS LEARNING TO FACILITATE A DATA REVIEW
1 · Reactions	Was the learning relevant and useful for this participant's role and context?	Did champions find the session applicable to their school?
2 · Learning	Did participants develop the intended knowledge and skills?	Can they explain the review process and demonstrate it?
3 · Organization Support	Do the conditions exist for them to use it?	Is there an instructional leadership team, MTSS meeting, staff meeting, or professional development day where it fits? Do they have the time, the information, the authority, and leadership backing?
4 · Use In Practice	Is the learning being used?	Do they facilitate the review locally? Has behavioral health data review become part of the school's routine?
5 · Student Outcomes	What changes are observed over time?	Subsequent behavioral health information, alongside attendance, office discipline referrals, academic information, and locally selected school improvement measures

Level 3 deserves particular attention. A participant may learn a practice well and still be unable to use it, because no meeting exists where it belongs, or the information does not reach them in time, or the decision is not theirs to make. Where that is what the evidence shows, the response is to work on the organizational condition rather than to repeat the training.

Applied Survey Research is the project evaluator and will refine the specific measures, instruments, administration points, aggregation methods, and interpretation, with attention to keeping the burden on participating staff low. Activity 3.3 identifies educator knowledge gains, confidence in data use, and observable practice change as the measures relevant to the curriculum. No numerical proficiency thresholds are set.

Changes In Adult Practice

The clearest evidence that technical assistance has built capacity is a change in what adults and organizations do. Indicators the project watches for include:

- a behavioral health champion leading a data walkthrough with no project facilitation;
- a counselor using behavioral health information alongside other student information as a matter of course;
- a school incorporating behavioral health review into its MTSS process;

an instructional leadership team using the information in a meeting it already holds;
teachers adopting practices connected to a competency the school has identified;
a site running its own screening administration with reduced onsite support;
an LEA running a recurring cross-site review; and
district leaders using findings to direct professional learning or site support.

Each of these tells more about capacity than attendance figures do.

The Recurring Review Cycle

As each screening window approaches, a school or LEA team revisits the goals and next steps it set after the previous one. The team asks what it intended to do, whether the support or practice was actually put in place, what changed in the behavioral health information, what other relevant information shows, what should be kept, what should be adjusted, and what needs further investigation.

That is the continuous improvement cycle in practice, and it runs at more than one level. A counselor may screen a defined group of students, provide a period of small-group support focused on a particular competency, and later look at subsequent results for that group. A grade-level team, an instructional leadership team, or an LEA team applies the same sequence to aggregate information.

Subsequent change is read alongside implementation and context. A practice that was put in place and a change that followed it are two facts, and treating the first as the cause of the second requires evidence the project does not assume it has.

Fidelity And Local Adaptation

Fidelity here means that the core expectations hold. It does not mean every site runs an identical workflow.

CORE EXPECTATIONS

Appropriate use of behavioral health screening. Privacy and role-appropriate access. Asset-based interpretation. Correct use of student-level and aggregate information. A connection between evidence and action. Progress monitoring. Review of implementation. Responsible interpretation of results.

SET LOCALLY

Screening population and timing. Administration model and setting. Which meeting structure carries the review. Who takes part. Who serves as behavioral health champion and what that role covers. Professional development setting and format. Facilitation approach and the pace of transfer to local staff.

Reporting To The Commission

SCCOE participates in monthly check-in meetings with the Commission, as Exhibit A requires, and reports on implementation status, spending, scheduling, and issues arising. Quarterly Collaborative Learning Group summaries report convening activity for each quarter under Deliverable 5, and quarterly student services and outcome reporting is delivered under Deliverable 6. The Final Report covers the full term.

What this plan's tracking produces also feeds Deliverable 7, the Student Behavioral Health Performance Management Training Guide, which is built from what implementation across these eighteen schools shows and is written for schools beyond the cohort.

Behavioral Health Performance Management

Santa Clara County Office Of Education · Impacter Pathway · Deveau Burr Group

Breaking Barriers California · Applied Survey Research · Stanford University School Of Medicine

Behavioral Health Services Oversight And Accountability Commission · Agreement #25BHSOAC019