

# ADVANCING SCHOOL-BASED MENTAL HEALTH IN CALIFORNIA



## Introduction

### School-Based Mental Health Strategies Are Essential for California Students

School-based mental health centers are integral to the achievement of students in California. Prevention and early intervention of mental health issues are critical to ensuring student success - students who are experiencing socioemotional, behavioral or psychological distress will struggle to engage with the curriculum and maintain positive relationships with peers and adults. **In several studies, researchers have found that mental health conditions, such as depression and anxiety, are related to school avoidance behaviors, including chronic absenteeism and children refusing to attend school.** California has experienced one of the greatest declines in children's mental health services during the pandemic ([Centers for Medicare & Medicaid Services, 2020](#)). Suicides among children, especially girls and Black children and youth, increased markedly in 2020 compared to adults ([California Department of Public Health, 2020](#)).

It is clear that students in California have not been spared the impacts of the ongoing and exacerbated mental health crisis in the wake of the global pandemic.



**Even before the pandemic, California's students were struggling, especially students of color:**

- ▶ 33.33 percent (1,980,000 out of 6,000,000) of 7th, 9th and 11th grade students in 2017-19 reported feeling depressed in California schools ([Kidsdata.org, 2020](#)).
- ▶ 32-47 percent of African American students and Latinx students in Grades 7, 9 and 11 experienced chronic sadness/hopelessness in 2018-19 ([CalSchls, 2019](#)).
- ▶ 52.7 percent (3,120,000 out of 6,000,000) of African American students in California were chronically absent in 2019 compared to 24.9 percent of their white counterparts ([CDE, 2019](#)).

The pandemic has shown that students are facing escalating mental health issues such as suicidal behaviors and suicidal ideation, particularly for Latinx children, who represent the majority of students in California. According to The Children's Partnership's [Latinx Children's Health Fact Sheet](#), "Latinas, in particular, are facing the greatest disparities when it comes to their mental health. 62 percent of Latina teens felt chronic sadness or hopelessness in the last year. 34 percent of Latina teens have considered suicide and 13 percent have attempted suicide, compared to 27 percent and 9 percent of all high school youth, respectively. For lesbian, bisexual and queer Latina youth, the reality is even worse: nearly half (48 percent) have considered suicide, and one in three (33 percent) lesbian, bisexual and queer Latina youth have attempted suicide."

**California must act quickly to address the historic and increasingly precarious mental health of its students by bringing necessary care and support to its campuses across the state through the expansion of school-based mental health centers.** School-based mental health centers can include an array of integrated services such as one-on-one therapy, meditation and other non-clinical wellness services, as well as peer-to-peer youth support groups and programs. These mental health centers can also provide a collaborative space for students and staff to receive resources and services that will empower them to tend to their own well-being as well as that of their peers, building a culture of positive support on campus. Not only will these mental health centers foster stigma reduction, but they will also serve as a place for students, families and school staff to learn and promote culturally responsive ways to address mental health needs.

## The Case for Mental Health Centers in Schools

Educators know that keeping students healthy is vital to improving their academic achievement and life prospects. Unfortunately, most of California's more than 10,000 schools do not have the resources to meet their students' physical and mental health care needs. Only 43 percent of public-school districts in California have a nurse, and only two percent of schools have a school-based health center. **And yet, students are six times more likely to receive evidence-based services in a school as compared to other community settings** ([Nadeem, Jaycox, Kataoka, Langley, & Stein, 2016](#)). School-based services are therefore essential to ensuring students have access to timely and quality mental health care.

Across the nation and state, school-based mental health centers have proven to be a valuable tool to meet the mental health care needs of children by bringing timely, high-quality care to them at school, where they spend a significant amount of their time. **With school-based mental health centers, parents and students can also participate in learning components regarding the stigma of mental health, as well as other student wellness and prevention activities.**



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Putting Health Care Where Kids Are

The California School-Based Health Alliance recently created the Student Health Index as a Relative Needs Assessment to identify marginalized communities in California that are in need of a student health center based on a combination of features. According to the [Student Health Index](#), it is "the first comprehensive analysis to show the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving student health and education."

According to the Student Health Index's Relative Needs Assessment, the top five counties in California with the highest need compared to all schools are: Lake County with four out of its five schools in high need; Madera County, with 20 out of its 26 schools in high need; Monterey County, with 38 out of its 67 schools in high need; Yuba County, with six out of its 11 schools in high need; and lastly, Tehama County with three out of its six schools in high need. This list highlights the often-overlooked health and mental health needs of students in rural areas.

# Key Components of a School-Based Mental Health System:



According to the [National Conferences of State Legislatures](#), there are eight core components of an effective school-based mental health system:

- 1. Well-trained educators and specialized instructional support personnel**—A full complement of school and district professionals, including personnel who can support the mental health needs of students in the school setting.
- 2. Family-school-community collaboration and teaming**—Partnerships among students, families, schools, community partners, policymakers, funders and providers to address the academic, social, emotional and behavioral needs of all students.
- 3. Needs assessment and resource mapping**—Ongoing evaluations of students and school and community resources to inform decision-making about needed support and services.
- 4. Multi-tiered systems of support**—A full array of tiered, evidence-based processes, policies and practices that promote mental health and reduce the prevalence and severity of mental illness.
- 5. Mental health screening**—Use of screening and referral as a strategy for prevention, early identification, treatment and recovery.
- 6. Evidence-based and emerging best practices**—Use of effective strategies to ensure quality in the services and supports provided to students.
- 7. Data**—Use of statistical information to monitor student needs and progress, assess quality of implementation and evaluate supports and services.
- 8. Funding**—Use of diverse models and resources to track or identify new funding opportunities from federal, state and local sources to support a sustainable school mental health system.

Building a school-based mental health system that upholds appropriate levels of confidentiality is also essential to ensuring equitable access for students from marginalized communities or identities. In addition to ensuring the system is legally compliant from an education and a health care information perspective, appropriate confidentiality policies and practices can help students feel safe to disclose personal details, including issues related to immigration, gender identity and sexual orientation, or histories of past traumas or abuse that do not pose an immediate risk of harm to themselves or others.



## How to Structure School-Based Mental Health Programs

### School-Based Mental Health Centers

Incorporating a dedicated school site-based center would centralize programs and services on a campus and facilitate access to clinical and non-clinical mental health and wellness supports, including virtual therapy [via telehealth partnerships](#), that may be harder for students to access in the community. School-based mental health centers are composed of program administrators and staff who are trained in therapy, socioemotional learning, as well as facilitating peer support. These centers can provide additional cultural resources to students to help connect their racial, ethnic, community and other identities to their experiences. This can help to put community or personal traumas or stressors into a wider historical context and provide hope and connection to their peers with similar experiences. These centers can also lead community and parent engagement to help parents and caregivers understand the connection between student well-being and academic achievement.

A diverse array of services and programming that reflects the students' and community's experiences will create the best foundation for key components of traditional clinical and non-traditional non-clinical services.

## School-Based Health Centers (SBHCs)



This type of model addresses both the [physical and mental health](#) of students. SBHCs can include dedicated mental health and wellness centers with some or all of the components of a school-based mental health center, but also includes physical health

services such as well-child visits, vaccinations, health screenings and even partnerships with telehealth providers for acute illness – all efforts which can support improved attendance and engagement. SBHCs can also provide health care services to parents and community members, ensuring that students' families are healthy and can support the success of the student. [As reflected in the Student Health Index, California is one of only 15 states that does not provide state level funding and support for SBHCs.](#) The types of resources and services that can be found in such a model include trauma support and other mental health services.

## Community Schools

A community school framework emphasizes partnerships with community-based organizations to provide a variety of services, including health and mental health services, that represent a whole-child approach. The key components of this model include relationship-centered supports, culturally relevant teachings for students and parents, and healing centers that provide a space for students, staff and family members. Community engagement is one of the integral components of this model and should be reflected in all stages of development.



It is possible for a community schools framework to provide the foundation for community engagement and partnerships to build dedicated school-based mental health or school-based health centers.

## Essential Strategies

The following services should be essential strategies of effective school-based mental health centers in California that are designed and delivered through an assets-based approach that is culturally relevant, gender-affirming, and reduces stigma around receiving mental health services:



**Therapy**



**Non-Traditional, Culturally/  
Community-Defined Wellness  
Programs**



**Peer to Peer Support**



**LGBTQIA Support**



**Parent, Caregiver and Family  
Education and Support**



**Stigma Reduction**

**Sufficient staffing, particularly for programs with a direct-service component, will be paramount to school-based mental health efforts.** Programs should be designed so that staff are permanently assigned to one school site or center, carry reasonable caseloads that allow for meaningful direct one-on-one student engagement, and are sufficiently supported by administrators so that staff involved in student engagement can focus on providing direct services and not office or center administration.





## Funding School-Based Health Efforts

Two historic opportunities to fund appropriate staffing of school-based mental health programs in California are the Children and Youth Behavioral Health Initiative (CYBHI) and the Community Schools Initiative (CSI) which together represent up to \$7 billion in one-time funding over the next few fiscal years to support student mental health. These opportunities are in addition to ongoing Local Control Funding Formula (LCFF) Base, Supplemental, and Concentration grants that school districts are allocated on a per-student basis. LCFF funds must be allocated via a public planning process and documented within a school district's Local Control and Accountability Plan (LCAP).



**School districts should ensure that any additional funds received through the CYBHI and CSI go through the LCAP process to ensure that community stakeholders, parents and students have the opportunity to identify specific programming needs, including those related to student mental health, resulting in alignment and coherence of priorities across funding streams within the district.**

## Children and Youth Behavioral Health Initiative

There is over \$4 billion being invested in the Children and Youth Behavioral Health Initiative (CYBHI) over the next four years, making this one of the largest investments in behavioral health in state history. Within CYBHI is the Student Behavioral Health Incentive Program (SBHIP), also known as AB 133. The SBHIP is a one-time expenditure of \$400 million for Medi-Cal managed care plans to partner with schools and school-affiliated behavioral health agencies to increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for K-12 children in schools. The SBHIP has outlined possible target interventions including implementing culturally appropriate mental health interventions, expanding peer support programs, increasing telehealth for mental health services, increasing ACE screenings and developing wellness programs. Youth that will be considered as possible focus areas for the SBHIP include students experiencing homelessness, pregnant students, students in small and rural schools and students in the child welfare system. **School districts should begin reaching out to their local county Medi-Cal administrators and Medi-Cal managed-care plans to begin collaborative conversations about this investment.**

## Community Schools Initiative

Over the next three years, \$2.8 billion is being invested into the Community Schools Initiative. This is a *competitive grant program* for school districts to increase partnerships with community-based organizations to include a whole child approach to student success and well-being. It is important to look at this funding for school-based mental health because it creates opportunities to provide integrated support as well as a space for capacity building between schools and community members and organizations, with parents and youth at the center of these collaborations. Emphasizing this integrated focus within contracts with CBOs and school-based health providers is essential to ensuring these grants meet the needs of students.



## Getting Started: Tips for Developing a School-Based Mental Health Program

Building on lessons from school-based mental health programs from across the country, including California, listed below are select elements for building successful programs.



**Form a Planning Committee.** To get started, form a planning committee in your local counties or districts. These planning committees should be composed of various personnel such as parents, school administrators and staff members, [local community health workers](#) and community-based organizations focused on health.



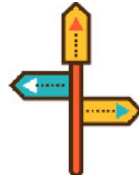
**Identify Lead Structural Model.** Next, it is important to identify a lead agency in your local school district. These models can include: School-Based Mental Health Centers, School-Based Health Centers or Community Schools.



**Community Engagement & Engaging all stakeholders.** Successful school-based mental health centers engage the right stakeholders at the right time, ranging from school administrators, to parents and teachers, to a broad array of providers and payers.



**Assess health care needs.** When establishing a mental health center, it is important to first gather data and determine areas of greatest need for children's health in the school community to prioritize new investments and programming.



**Develop project scope and workflow.** Once needs are identified, the next phase is to develop a scope that outlines how the mental health center can address the needs. From there, one can identify how the program will run on a day-to-day basis.



**Assess technology and internet needs.** Schools are increasingly relying on tele-mental health models to meet the needs of students who are remote or participating in distance learning. Central to the success of any telehealth model is the quality and efficacy of equipment that enables a high-quality visit and resources.



**Develop a funding and sustainability plan.** From purchasing equipment, to paying for salaries, to billing for reimbursable services and funding non-reimbursable services, a thorough funding and sustainability plan is key to success. Most school-based health centers bill Medi-Cal and commercial health insurance carriers for providing services and also rely on outside funding from foundations and local, state and federal agency grants.



**Measure and document success.** Data collection and storytelling are vital to ensuring children's health care needs are being met and "selling" best practices to the community, policymakers and funders.



## Conclusion

School-based mental health programs provide an opportunity to improve mental health and student achievement in California, while addressing barriers that many families from low-income, BIPOC (Black, Indigenous, people of color), and medically underserved communities face in ensuring their children get the mental health care they need. California schools have a historic opportunity to ensure equity and well-being for students across the state by investing in, establishing or expanding their own school-based mental health systems.

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The Children's Partnership (TCP) is a California advocacy organization advancing child health equity through research, policy and community engagement.



► [www.allinforhealth.org](http://www.allinforhealth.org)

► [www.childrenspartnership.org](http://www.childrenspartnership.org)



# Resources

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