

Improving School-based Mental Health  
Services in  
Sacramento County

Sacramento County Mental Health Board

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# School-based Mental Health Services

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### **Executive Summary**

#### **Introduction and Methodology**

Sacramento County Behavioral Health Services (BHS) established school-based mental health services as a priority in 2020. The Children's System of Care (CSOC) Committee of the Sacramento County Mental Health Board (MHB) decided to study the effectiveness of school-based mental health services in the county early in 2020. It used a combination of qualitative and quantitative research. It had a series of presentations on the topic from June 2020 until March 2021. These presentations were incorporated as qualitative research. Presenters included school personnel, staff from mental health community-based organizations, statewide policy experts, and local advocates. The CSOC Committee also consulted BHS staff. The quantitative research included data from the California Healthy Kids Survey (CHKS) to assess the well-being of middle school and high school students in the county and data from several other sources.

#### **Findings**

The results from the California Healthy Kids Survey (CHKS) for Sacramento County's individual school districts paint a disturbing picture about the mental health of middle and high school students in Sacramento County. Students of all race/ethnicities at four of these school districts had elevated levels of chronic, sad, or hopeless feelings. They exceeded 35% of the students reporting and sometimes reached the mid-40% range. For specific race/ethnicities, Hispanic or Latino and Mixed races, students had especially elevated percentages of these feelings. At all school districts, females stood out in every instance as having problems with their percentages averaging 45-50%.

For suicidal ideation, White, Hispanic or Latino, and Mixed races students are at highest risk of suicidal ideation. For White students, the percentage reporting suicidal ideation ranged from 19-24%. For Hispanic or Latino students, the percentage ranged from 21-24%. The percentage for Mixed races students ranged from 20-25%. Females at all school districts stand out as being at risk with their percentage of suicidal ideation ranging from 20-25%.

The results are very concerning for nearly all special populations, including youth in foster homes; who are homeless; who have the Gender Identity of Transgender or Not Sure if Transgender; and the Sexual Identity of Lesbian, Gay, or Bisexual (L/G/B). The percentages for chronic, sad, or hopeless feelings in past 12 months for youth in foster homes or youth who are homeless are in the mid-40% range. For youth in the Gender Identity and Sexual Orientation categories, the percentages are much higher in the mid-50%'s and ranging up to 65-70%.

The results for suicidal ideation among the special populations is especially concerning. They are in the 35-40% range for youth in foster homes. For homeless youth in the 11<sup>th</sup>

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Grade, they are approximately 40%. For Transgender youth, they reach 56%. For youth with a Sexual Orientation of L/G/B, the percentage ranges from 45%-50%.

WestEd, an educational research group, reports that feelings of chronic sadness and hopelessness may indicate severe depression and puts students at risk of educational, health, social and emotional problems. The problems include lower school attendance, poor performance, lack of social connectedness, greater likelihood of substance use, and having been victimized at school. With suicide as the second leading cause of death among 14-24 year olds in California, these rates of suicidal ideation among the mainstream student population and the special populations need to be addressed.

citiesRISE, a multi-stakeholder initiative that includes many of the world's leading experts and practitioners, conducted survey in April 2020 in Sacramento. A key finding is that 65% of these youth had no awareness of mental health organizations, programs, and services. Additionally, the survey found that youth are seeking mental health support for issues, such as stress reduction (58%), relaxation (49%), and positive thinking (46%). They also indicated they would like to receive support from persons who could be classified as peers—friends (63%), and family (47%)—as opposed to mental health professionals—psychologist (18%), and psychiatrist (13%).

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Schools serve as the de facto mental health system for children in the United States. Addressing mental health concerns and social and emotional skills in preK-12 is an effective way to support academic success and to intervene early so as to prevent more serious mental health concerns later in life. Providing these services within schools increases the likelihood of children and adolescents receiving needed services, thus better ensuring academic and life success.

California's Multi-Tiered System of Support (MTSS) is the model for providing school-based mental health services. It focuses on aligning initiatives and resources within an educational organization to address the needs of all students. It is an integrated, comprehensive framework for local educational agencies that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. The MTSS Model organizes school-based mental health services into three tiers such that students in Tier 1 receive universal preventive services; in Tier 2 they receive more selective prevention services; and in Tier 3 they receive intensive services, including referral to BHS mental health service providers.

## Need for Improvement in School-based Mental Health Services

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day. Among the more common mental disorders that can be diagnosed in childhood according to the Centers for Disease Control and Prevention are:

- Attention deficit hyperactivity disorder (ADHD) affecting 9.4% of children 2-17 years.

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- Anxiety affecting 7.4% of children 3-17 years.
- Depression affecting 7.7% of children 3-17.
- Behavior disorders affecting 3.2% children 3-17 years.

Suicide is the second leading cause of death among 14-24 year olds in California. The suicide rate in Sacramento County is 13.2 per 100,000; in California it is 10.7 per 100,000 (California Department of Public Health, 2019). The suicide rate for Black children age 5-12 is two times that of their white peers (Briscoe, 2020). Between 2007-2017, inpatient visits for suicide, suicidal ideation, and self-injury increased 104% for children ages 15-24 (Briscoe, 2020).

To evaluate the mental health of students in Sacramento County, the CSOC Committee used data from the CHKS Survey, which was developed by the California Department of Education (CDE). It provides a thorough understanding of the scope and nature of student behaviors, attitudes, experiences, and supports, which is essential for guiding school improvement and academic achievement, prevention, and health programs.

This CSOC report uses two questions related to mental health and well-being from the CHKS survey to analyze the effectiveness of school-based mental health services in Sacramento County:

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?
2. During the past 12 months, did you ever seriously consider attempting suicide?

This report studied the school districts in Sacramento County that had high schools.<sup>1</sup> The data for the school districts studied were for Academic Year (AY) 2019-20, AY 2018-19, or AY 2017-18. Middle schools were studied for those school districts that collected data at 7th grade level. Elementary schools were not studied because questions about chronic, sad, or hopeless feelings and suicidal ideation are not asked of students in that age group. Data were reported for the following race/ethnicities:

- Hispanic or Latino
- American Indian
- Asian
- Black or Africa American
- Native Hawaiian or Pacific Islander
- White
- Mixed (two or more) races

The CSOC Committee established a benchmark of 35% to flag results of concern on the indicator chronic, sad, or hopeless feelings in the past 12 months so that if a school district had 35% or more of its students reporting chronic, sad, or hopeless feelings during the past 12 months, those results were reported.

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<sup>1</sup> Natomas Unified School District, which had data available only for Academic Year 2015-16, was not studied because its data was deemed out of date for purposes of this study.

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The Youth Risk Behavior Survey, 2019 (Ivey-Stephenson, A., et al., August, 2020) provided benchmarks for suicidal ideation rates by grade level and race/ethnicity. The suicidal ideation rate for 9th graders is 17.7%; and for 11<sup>th</sup> Graders, 19.3%. By race/ethnicity, the rate for Hispanics or Latinos is 17.2%; Black or African Americans, 16.9%; and Whites, 19.1%. These rates are used to evaluate the suicidal ideation rates reported in the CHKS by the school districts.

### **Initiatives to Improve School-based Mental Health Services**

A number of initiatives have been implemented over the past year to improve school-based mental health services. The Governor's Budget for Fiscal Year (FY) 2021-22 adopted the Children and Youth Behavioral Health Initiative investing \$4.4B over five years designed to transform California's children and youth behavioral health system so that all children and youth 25 years of age and younger are routinely screened, supported, and served for emerging and existing behavioral health needs.

Starting in FY 2020-21, the Sacramento County Office of Education (SCOE) in collaboration with the Sacramento County Department of Health Services (DHS) implemented an initiative to make schools centers of wellness by placing a licensed mental health clinician in selected elementary, middle, and high schools. The goal is to expand the program until these clinicians are placed in all the schools in the county. These clinicians deliver behavioral health services. Program staff also must perform functions at the school sites that are specific to SCOE, functioning as educators as well as clinicians. Staff will provide professional development and training to the teachers and other school site staff in order to integrate behavioral health services into educational services.

In 2009 BHS and SCOE developed a 10-year plan for school-based mental health called the Sacramento County Student Mental Health & Wellness Plan to discuss the Mental Health Services Act (MHSA) and to explore how schools can play a role in implementing Prevention and Early Intervention (PEI) services for children and youth. SCOE and BHS have now initiated a process to update the plan. SCOE and BHS have also created a Learning Community to maximize reimbursement for mental health services.

BHS also targets MHSA PEI Funds for programs for school-age children:

- Bullying Prevention and Education Training Program
- Quality Child Care Collaborative
- Safe Zone Squad
- Lu-Mien Community Services
- Early Violence Intervention Begins with Education (eVIBE)
- Youth Mental Health First Aid
- Stop Stigma
- SacEDAPT (Early Diagnosis and Preventative Treatment)

In 2001, the county created the Behavioral Health Youth Advisory Board (BHYAB). High school-age youth in Sacramento County will now be able to communicate their needs

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regarding school-based mental health services directly to policy makers and providers. As recipients of DHS services and experts on their own lived experience, youth can offer a unique perspective on making County systems more effective and responsive to their needs. The BHYAB is composed of 10 Sacramento County youth, ages 14-24, who will meet and advise County leaders.

The final initiative that will benefit youth is the Peer Support Specialist Certification Program. It will increase the number of peers available to serve youth, which is desirable since youth have expressed a preference for peers as a source of mental health support. SB 803 (Beall) (Chapter 150, Statutes of 2020) enacted the Peer Support Specialist Certification Program. Peers have long played a significant role in California's behavioral health system, acting as a part of the prevention, early intervention, treatment, and recovery process for individuals living with mental health care needs.

## Behavioral Health Workforce

According to the National Academy for State Health Policy, a growing shortage of behavioral health workers persists across the country. According to the Kellogg Family Foundation (KFF), California is meeting only 26.7% of its need for mental health practitioners. It is also experiencing a shortage of school health professionals. The MHSA through its Workforce Education and Training (WET) component provides funds for addressing these shortfalls. The Sacramento County MHSA Fiscal Year 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan includes the following seven different areas with an approximate budget of \$1.3M:

- Workforce Staffing Support
- System Training Continuum
- High School Training
- Psychiatric Residents and Fellowships
- Multidisciplinary Seminars
- Consumer Leadership Stipends
- Stipends for Individuals, Especially Consumers and Family Members for Ed Programs to Enter the Mental Health Field

Sacramento County is part of the Central Region WET Regional Partnership developed as part of the 2020-2025 MHSA Act WET Five-Year Plan. The total amount available to the Central Region is \$8,799,237. Sacramento County will have access to a certain amount of that funding in accordance with funding allocations that are defined by the State. In an attempt to retain current staffing and to increase culturally diverse staff for hard-to-fill job opportunities, Sacramento County has identified Mental Health Loan Repayment, Undergraduate College and University Scholarships, and Clinical Master and Doctoral Graduate Education Stipends as priorities.

## Youth Forum

The CSOC Committee sponsored a forum for youth to express their opinions about needed school-based mental health services. Students advocated for Wellness Centers

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on campus where students could either hang out or go for support when they are having a health crisis. They could seek support from a peer or caring adult they want to talk to, such as a peer specialist or social worker. It would be a space on campus that is mostly student run, and students would determine what this safe space would be. Other students talked about the need for culturally competent staff and the unique linguistic needs of students, including Spanish-speaking and Slavic-language speaking students. The needs of other special populations, such as queer, transgender, and youth of color, also need to be addressed.

### **Recommendations**

Mental health services should be increased for middle school and high school students to address the serious mental health needs identified by the CHKS:

- SCOE and DHS should accelerate its centers of wellness program to increase mental health services in the schools.
- MHSA PEI Suicide Prevention Programs should be augmented to target students in identified high risk racial/ethnic groups, females, and youth in Gender Identity and Sexual Orientation categories.

The Sacramento County Mental Health Board (MHB) should have youth members. It should ask the Board of Supervisors to appoint youth members as provided for in the MHB ByLaws. However, the ByLaws should be amended to enable the youth to be voting members. Youth will need training and support to be effective members of the MHB, and the BHS should contract with an agency to provide those services.

To address the behavioral health workforce shortage BHS should transfer unspent MHSA Community Services and Support funds—when funds permit—to the WET Component to support additional workforce development programs. These programs include additional high school academies, work-based learning opportunities, and stipends for college students.

SCOE and BHS are updating the Sacramento County Student Mental Health & Wellness Plan. This update can accomplish several important goals. First, a strong data collection component to the Plan would enable a better understanding of the landscape of services, gaps, or challenges. Where good practices are already occurring, they could be scaled up through support of the county and its partners. This data could be used to identify best practices for services and interventions that should be provided across all schools. The Plan should establish a process for measuring what is actually being provided against those best practices and determine how best to partner to ensure these services and interventions are provided for every child in ethnically, linguistically and culturally relevant ways. Another problem is that differences in language and conceptual frameworks often pose barriers to collaboration between different child-serving systems. BHS and all youth-serving stakeholders should embrace the MTSS concept as a framework to discuss the range of youth behavioral health program, services, and interventions. Using this model will create a common language and framework for working across mental health and school district systems.

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School-based mental health services can be increased by providing more reimbursable clinical services in the school setting. The Learning Community that SCOE and BHS have established can be used to facilitate access to the funds in the Governor's Budget Children and Youth Behavioral Health Initiative for FY 2021-22. In addition, efforts to help school districts expand various types of Medi-Cal billing would be very useful. Working on increasing access to third-party revenue and the involvement of private health plans and managed care plans would also strengthen fiscal support for school-based mental health services.

BHS should use the next Annual Update to the FY 2021-22, 2022-23, 2023-24 MHSA Three Year Program and Expenditure Plan to increase PEI funding for school-based mental health services. Such services include suicide prevention, early identification and intervention for struggling students, mental health literacy training, and stigma reduction. In addition, PEI funds should be used to create Wellness Centers designed by the students for students on campuses.

Peer and near-peer services are the modality that youth prefer when they seek mental health support. Consistent with that preference, BHS should recruit young adults 18-24 when it implements the Peer Support Specialists Certification Program and use college students as near peers. Peer to peer programs for mental health and wellness issues where high school students mentor each other should be expanded as well as programs where high school students mentor middle school students.

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### Introduction

Sacramento County Behavioral Health Services (BHS) established school-based mental health services as a priority in 2020. The Children’s System of Care (CSOC) Committee of the Sacramento County Mental Health Board (MHB) decided to study the effectiveness of school-based mental health services in the county early in 2020 and had a series of presentations on the topic from June 2020 until March 2021. Presenters included school personnel, staff from mental health community-based organizations (CBOs), statewide policy experts, and local advocates. The CSOC Committee also consulted BHS staff. A list of presenters can be found in Appendix A. The Committee also used data from the California Healthy Kids Survey (CHKS) to assess the well-being of middle school and high school students in the county and data from several other sources.

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Schools serve as the de facto mental health system for children in the United States. Addressing mental health concerns and social and emotional skills in preK-12 is an effective way to support academic success and to intervene early so as to prevent more serious mental health concerns later in life.

Using the school environment—where children spend a significant part of their day—for early intervention brings public health efforts to the students, meeting children where they are and, therefore, providing more accessible services to those in need. It also provides immediate and continuing resources to students without requiring families to search for already limited sources of care.

No single funding source can adequately support all mental health and substance-related prevention and treatment needs of students and their families and caregivers; however, federal, state, and community-level resources can be leveraged with other funding streams to ensure appropriate levels of support. Providing these services within schools increases the likelihood of children and adolescents receiving needed services, thus better ensuring academic and life success.

Early identification and intervention can also help stem the disproportionate number of Brown, Black, and English-language learner students who are identified for special education, who are suspended, or who drop out. Education success and mental well-being have multiple long-term benefits, such as increasing the chances of economic stability, earning a living wage, healthier relationships, and more civic engagement.

California’s Multi-Tiered System of Support (MTSS) is the model for providing school-based mental health services. It focuses on aligning initiatives and resources within an educational organization to address the needs of all students. It is an integrated, comprehensive framework for local educational agencies (LEAs) that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. It acts as a way of organizing supports within an LEA so that both

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the academic side and the social-emotional learning side are aligned to serve the whole child.

In particular, the MTSS model assists LEAs in:

- Promoting LEA participation to align the entire system of initiatives, supports, and resources.
- Relying on a problem-solving systems process and method to identify problems, develop interventions, and evaluate the effectiveness of the intervention in a multi-tiered system of service delivery.
- Transforming the way LEAs provide support and setting higher expectations for all students through intentional integration of instruction and intervention services and supports so that systemic changes are sustainable and based on standards-aligned classroom instruction.
- Challenging all school staff to change the way in which they have traditionally worked both in and out of the classroom.
- Using school-wide and classroom research-based positive behavioral supports for achieving important social and learning outcomes.
- Supporting high-quality standards and research-based, culturally and linguistically relevant instruction with the belief that every student can learn and excel, including students of poverty, those who are gifted and high achievers, students with disabilities, English learners, and students from all ethnicities evident in the school and LEA cultures.
- Integrating a data collection and assessment system, including universal screening, diagnostics, and progress monitoring, to inform decisions appropriate for all students.
- Implementing a collaborative approach to analyze student data and work together in the intervention process.

School-based mental health services in Sacramento County are provided by K-12 schools and BHS. Schools use the MTSS model to deliver their mental health services. Figure 1 on the following page depicts the MTSS model used in Sacramento County schools and provides information on the funding streams for the various services. Tier 1 provides Universal services to the whole student body, such as health screening and education, a focus on social and emotional learning, youth peer support, and mental health literacy campaigns. Tier 2 provides more targeted services for early interventions for students, including bullying prevention, case management, psychoeducational groups, parenting classes, and academic and attendance support. Finally, Tier 3 focuses on Crisis Services and Intensive Intervention. This Tier includes home visits, referral to BHS for mental health treatment it provides along with county contracted CBOs, and Alcohol and Other Drug Counseling. It can also include domestic violence counseling and suicide risk assessment.

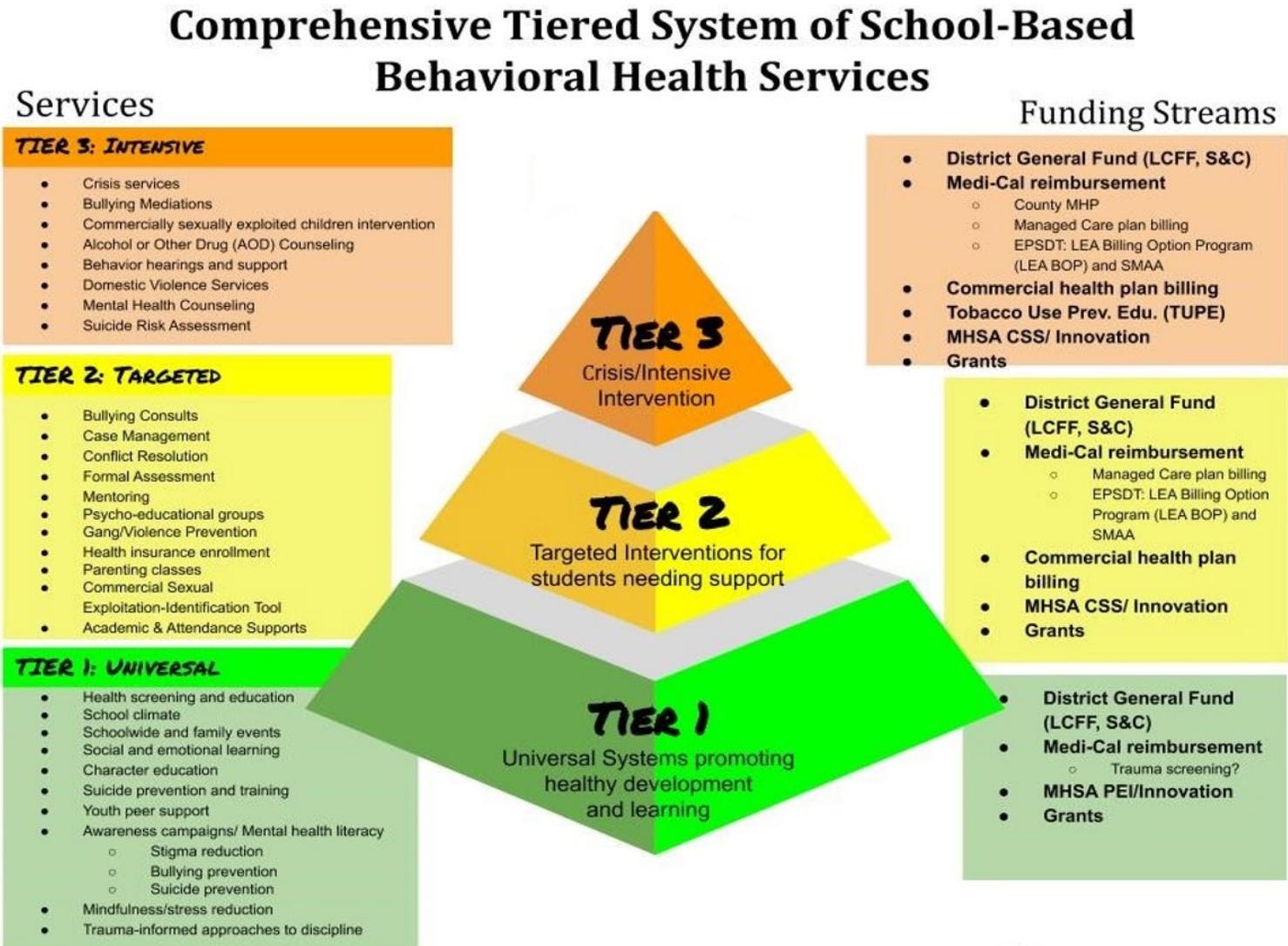


Figure 1: Multi-Tier Support System Model

## Need for Improvement in School-based Mental Health Services

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day. Among the more common mental disorders that can be diagnosed in childhood are attention deficit hyperactivity disorder (ADHD), anxiety, depression, and behavior disorders. Table 1 displays the percent of children nationally that have these disorders.

Table 1: Percent of Children with Diagnosed Mental Disorders

Diagnosis	Age of Children	Percent
ADHD	2-17 years	9.4%
Behavior Problem	3-17 years	7.4%
Anxiety	3-17 years	7.1%
Depression	3-17 years	3.2%

Source: Centers for Disease Control and Prevention, 2021

Some of these conditions commonly occur together. For example:

- About 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 has behavior problems (47.2%).
- For children aged 3-17 years with anxiety, more than 1 in 3 also has behavior problems (37.9%) and about 1 in 3 also has depression (32.3%).
- For children aged 3-17 years with behavior problems, more than 1 in 3 also has anxiety (36.6%) and about 1 in 5 also has depression (20.3%).

Eighty percent of students with diagnosable mental disorders do not receive treatment (Malicote, 2020). Despite the availability of effective treatment, there are average delays of 8 to 10 years between the onset of symptoms and intervention—critical developmental years in the life of a child (American Academy of Child and Adolescent Psychiatry, 2013).

School-based mental health services do not appear to result in adequate treatment of children’s mental health disorders. If 80% of students with diagnosable mental disorders do not receive treatment, they are not being screened and referred for treatment by schools. Lack of treatment has many significant effects, including suicide, increased inpatient utilization, adverse consequences of students’ dropping out of school, and adverse consequences of untreated depression.

Suicide is the second leading cause of death among 14-24 year olds in California. The suicide rate in Sacramento County is 13.2 per 100,000; in California it is 10.7 per 100,000 (California Department of Public Health, 2019). The suicide rate for Black children age 5-12 is two times that of their white peers (Briscoe, 2020). Between 2007-2017, inpatient visits for suicide, suicidal ideation, and self-injury increased 104% for children ages 15-24. All these rates increased 151% for children ages 10-14 (Briscoe, 2020). The average weekly number of Emergency Department visits for suspected suicide attempts for persons ages 12-25 increased 39% from summer 2020 to winter 2021 over the corresponding period in 2019-2020 (Yard, et al., 2021).

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Fifty percent of students with emotional or behavioral challenges drop out of high school, which can result in a higher death rate, higher unemployment, and increased financial cost to society. Eighty percent of the adult prison population is comprised of high school drop outs (Malicote 2020).

Untreated depression during adolescence can lead to substantial negative health and social consequences in late adolescence (e.g., academic failure, violence, self-injuries, risky sexual behavior, and substance use) and in adulthood (e.g., migraine headaches, anxiety disorders, suicidal behavioral, higher divorce rates, crime, and unemployment.) Previous studies have suggested that up to 75% of lifetime cases of depression among adults derive from adolescent-onset disorders (Wenhua, 2019).

### **California Healthy Kids Survey**

The California Department of Education (CDE) has funded the California Healthy Kids Survey (CHKS) since 1997. It grew out of the CDE's commitment to helping schools promote the successful cognitive, social, emotional, and physical development of all students; create more positive, engaging school environments; and ensure college and career readiness.

The CHKS is a modular, anonymous assessment administered annually recommended for students age 10 (grade 5) and above. It is focused on the five most important areas for guiding school and student improvement:

- Student connectedness, learning engagement/motivation, and attendance.
- School climate, culture, and conditions.
- School safety, including violence perpetration and victimization/bullying.
- Physical and mental well-being and social-emotional learning.
- Student supports, including resilience-promoting developmental factors (caring relationships, high expectations, and meaningful participation).

A thorough understanding of the scope and nature of student behaviors, attitudes, experiences, and supports is essential for guiding school improvement and academic achievement, prevention, and health programs.

This report uses two questions related to mental health and well-being from the CHKS survey to analyze the effectiveness of school-based mental health services in Sacramento County:

3. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?
4. During the past 12 months, did you ever seriously consider attempting suicide?

Detailed demographic data are collected from middle school and secondary school students to help determine the characteristics and representativeness of the sample and identify the needs of vulnerable subgroups. This demographic data for each school district studied in the report can be obtained by using the weblink provided for each school

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district in Appendix B. The tables in Appendix B report the data by race/ethnicity for the following groups:

- Hispanic or Latino
- American Indian
- Asian
- Black or Africa American
- Native Hawaiian or Pacific Islander
- White
- Mixed (two or more) races

Some cells in the tables are empty because there were less than 10 respondents.

This report studied all the school districts in Sacramento County that had high schools except for the Natomas Unified School District, which had data available only for Academic Year (AY) 2015-16 that was deemed out of date for purposes of this study. The data for the school districts studied were for AY 2019-20, AY 2018-19, or AY 2017-18. Elementary schools were not studied because questions about chronic, sad, or hopeless feelings and suicidal ideation are not asked of students in that age group.

### **Results of California Health Kids Survey**

#### Elk Grove Unified School District

The sample size for the CHKS conducted by the Elk Grove Unified School District in 2019-20 was 4,581 7<sup>th</sup> Graders, 4,117 9<sup>th</sup> Graders, 3,806 11<sup>th</sup> Graders, and 289 children from continuation, community day, and other alternative school types (hereafter referred to as NT students).

The CSOC Committee established a benchmark of 35% to flag results of concern on the indicator chronic, sad, or hopeless feelings in the past 12 months. This percentage is consistent with the problem level used by WestEd when reporting on this indicator (Austin et al., 2010; Hanson, et al., 2020). WestEd is a nonpartisan, nonprofit research, development, and service agency. It works with education organizations throughout the United States to promote excellence, achieve equity, and improve learning for children, youth, and adults. It engages at the local, state, and national levels, providing a range of services, including research and evaluation, professional learning, and technical assistance.

The table for students feeling chronic, sad, or hopeless in past the 12 months by race/ethnicity reports data by grade level and by race/ethnicity, yielding 28 cells in this case. Ten out of 28 cells (36%) were over the benchmark of 35%. The percentages ranged from 37%-44% and averaged 40%. Six of the 7 ethnicities in the 11<sup>th</sup> grade had chronic, sad, or hopeless feelings ranging from 37% to 44%. All race/ethnicities scored

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above the benchmark in at least one grade level.<sup>2</sup> Females in the 9<sup>th</sup> and 11<sup>th</sup> grades reported feeling chronically sad or hopeless approximately 45% of the time.

The Youth Risk Behavior Survey, 2019 (Ivey-Stephenson, A., et al., August, 2020) provides benchmarks for suicidal ideation rates by grade level and race/ethnicity. The suicidal ideation rate for 9<sup>th</sup> graders is 17.7%; and for 11<sup>th</sup> Graders, 19.3%. By race/ethnicity, the rate for Hispanic or Latino students is 17.2%; Black or African Americans, 16.9%; and Whites, 19.1%. These rates will be used to evaluate the suicidal ideation rates reported in the CHKS by the school districts.

For 9<sup>th</sup> Graders in the Elk Grove School District, two race/ethnicities had rates above the benchmark for suicidal ideation with the Mixed races at 21% compared to the benchmark of 17.7%. For 11<sup>th</sup> Graders, two race/ethnicities had rates above the benchmark with Native Hawaiian or Pacific Islanders at 23% compared to the benchmark of 19.3%. Females in the 9<sup>th</sup> and 11<sup>th</sup> grades had suicidal ideation rates above the benchmarks at approximately 22%.

### San Juan Unified High School District

The sample size for the CHKS conducted by the San Juan Unified School District in 2018-19 was 2,523 7<sup>th</sup> Graders, 2,395 9<sup>th</sup> Graders, 1,984 11<sup>th</sup> Graders, and 38 NT students.

Seven out of 28 cells (25%) were over the benchmark of 35%. The percentages ranged from 36%-43% and averaged 40%. The Hispanic or Latino students at all grade levels reported chronic, sad, or hopeless feelings averaging 40% as did Mixed race students also averaging 40%. For 11<sup>th</sup> Graders, six out of seven race/ethnicities scored above the benchmark for chronic, sad, or hopeless feelings. Females at all grade levels reported chronic, sad, or hopeless feelings ranging from 44% to 48% and averaging 45%.<sup>3</sup>

### Sacramento City Unified School District

The sample size for the CHKS conducted by the Sacramento City Unified School District in 2019-20 was 369 7<sup>th</sup> Graders, 937 9<sup>th</sup> Graders, and 722 11<sup>th</sup> Graders. The sample does not include any NT students.

Because the student sample does not include NT students, the table for students feeling chronic, sad, or hopeless in past 12 months reporting data by grade level and by race/ethnicity has 21 cells in this case. Ten out of 21 cells (48%) were over the benchmark of 35%. The percentages ranged from 38%-48% and averaged 42%. All five race/ethnicities in the 11<sup>th</sup> grade had chronic, sad, or hopeless feelings ranging from 42% to 48%.<sup>4</sup> The Asian race/ethnicity was above the benchmark for all grade levels averaging 40%. Females in the 9<sup>th</sup> and 11<sup>th</sup> grades reported feeling chronically sad or

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<sup>2</sup> The American Indian race/ethnicity sample was too small to analyze.

<sup>3</sup> The NT sample was too small to analyze.

<sup>4</sup> The American Indian and Native Hawaiian or Pacific Islander race/ethnicity samples were too small to analyze.

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hopeless approximately 50% of the time. Males in the 11<sup>th</sup> grade reported feeling chronically sad or hopeless 36% of the time.

For 9<sup>th</sup> Graders, three race/ethnicities had suicidal ideation rates above the benchmark: Asian, White, and Mixed races were all at 20% compared to the benchmark of 17.7%. Whites in the 11<sup>th</sup> Grade exceeded the benchmark for that race/ethnicity with a suicidal ideation rate of 24% compared to the benchmark of 19.1%. Hispanic or Latino students had a rate of suicidal ideation of 19%, exceeding the benchmark of 17.2% for that race/ethnicity. Females in the 9<sup>th</sup> and 11<sup>th</sup> grades had suicidal ideation rates above the benchmarks at approximately 25%.

### Folsom-Cordova Unified School District

The sample size for the CHKS conducted by the Folsom Cordova Unified School District in 2019-20 was 1,388 7<sup>th</sup> Graders, 1,464 9<sup>th</sup> Graders, 1,276 11<sup>th</sup> Graders, and 166 NT students.

Thirteen out of 28 cells (46%) were over the benchmark of 35%. The percentages ranged from 37%-53% and averaged 40%. All race/ethnicities reported chronic, sad, or hopeless feelings above benchmark levels.<sup>5</sup> Hispanic or Latino and Mixed races students reported those feeling at all grade levels with Hispanic or Latino students reaching a high of 47% and Mixed races students reaching a high of 53%. 11<sup>th</sup> Graders of all ethnicities reported chronic, sad, or hopeless feelings above benchmark levels.<sup>6</sup> Females at all grade levels reported chronic, sad, or hopeless feelings ranging from 36%-54% and averaging 45%.<sup>7</sup>

Mixed races students' rate of suicidal ideation in the 11<sup>th</sup> grade was 25% compared to the benchmark of 19.3%. Although there is no benchmark for 7<sup>th</sup> graders, their rate of suicidal ideation at 23% is worth noting. Hispanic or Latino students exceeded the benchmark for suicide ideation of 17.2% at three out of four grade levels: 7<sup>th</sup> grade, 24%, 9<sup>th</sup> grade 22%, 11<sup>th</sup> grade 21%. Black or African American students had a suicidal ideation rate of 21% in the 7<sup>th</sup> grade compare to a benchmark of 16.9% for that race/ethnicity. Females in the 9<sup>th</sup> and 11<sup>th</sup> grades had suicidal ideation rates above the benchmarks at 20% for the 9<sup>th</sup> grade and 24% for the 11<sup>th</sup> grade.

### Twin Rivers Unified School District

The sample size for the CHKS conducted by the Twin Rivers Unified School District in 2019-20 was 1,487 7<sup>th</sup> Graders, 1,480 9<sup>th</sup> Graders, 1,196 11<sup>th</sup> Graders, and 1,029 12<sup>th</sup> Graders<sup>8</sup>.

Fourteen out of 28 cells (50%) were over the benchmark of 35%. The percentages ranged from 36%-47% and averaged 42%. All race/ethnicities reported chronic, sad, or

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<sup>5</sup> The American Indian and Native Hawaiian or Pacific Islander race/ethnicity samples were too small to analyze.

<sup>6</sup> The American Indian and Native Hawaiian or Pacific Islander race/ethnicity samples were too small to analyze.

<sup>7</sup> The NT sample was too small to analyze.

<sup>8</sup> This school district has 12<sup>th</sup> graders and no NT students.

## School-based Mental Health Services

hopeless feelings.<sup>9</sup> White and Mixed races students reported those feeling at all grade levels with Whites reaching a high of 47% and Mixed races students reaching a high of 40%. 10<sup>th</sup> and 11<sup>th</sup> Graders reported chronic, sad, or hopeless feelings above benchmark levels for all reportable ethnicities except for Black or African Americans. Females at all grade levels reported chronic, sad, or hopeless feelings ranging from 45% to 50% and averaging 47%.

White students' rate of suicidal ideation was above the benchmark for that race/ethnicity of 19.1% for grades 9, 10, and 11 ranging from 21-25%. For 10<sup>th</sup> graders, the rate of suicidal ideation exceeded the benchmark of 17.7% for that grade for all ethnicities except Black or African Americans ranging from 18-22%. Females in the 10<sup>th</sup> and 11<sup>th</sup> grades had suicidal ideation rates above the benchmarks at 24% for both grades.

### Center Joint Unified School District

The sample size for the CHKS conducted by the Center Joint Unified School District in 2017-18 was 272 7<sup>th</sup> Graders, 242 9<sup>th</sup> Graders, 229 11<sup>th</sup> Graders, and 48 NT students.

Due to the low percentage of some ethnicities<sup>10</sup> in this school district, the table for chronic sadness or hopelessness has some empty cells because there are less than 10 respondents per cell, yielding only 20 cells. Seven out of 20 cells (35%) were over the benchmark of 35%. The percentages ranged from 34%-52% and averaged 40%. White students reported chronic, sad, or hopeless feelings above the benchmark at all grade levels with a high of 40%.<sup>11</sup> Hispanic or Latino students reported those feeling above the benchmark at two grade levels with a high of 47%. Mixed races students also reported those feeling above the benchmark at two grade levels with a high of 52%. Females at all grade levels reported chronic, sad, or hopeless feelings above the benchmark ranging from 42% to 56% and averaging 50%.<sup>12</sup>

### River Delta Joint Unified School District

The sample size for the CHKS conducted by the River Delta Unified School District in 2017-18 was 168 7<sup>th</sup> Graders, 161 9<sup>th</sup> Graders, 124 11<sup>th</sup> Graders, and 10 NT students.

Due to the very low percentage of some ethnicities<sup>13</sup> in this school district, the table for chronic sadness or hopelessness has some empty cells because there are less than 10 respondents per cell, yielding 9 cells. Three out of 9 cells (35%) were over the benchmark of 35%. The percentages ranged from 39%-42% and averaged 40%. Only 11<sup>th</sup> Graders for all reportable race/ethnicities had chronic feelings of sadness and hopelessness above the benchmark. Females in grades 9 and 11 reported chronic, sad, or hopeless feelings above the benchmark at 38% and 48% respectively.

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<sup>9</sup> The American Indian and Native Hawaiian or Pacific Islander race/ethnicity samples were too small to analyze.

<sup>10</sup> American Indian, Native Hawaiian/Pacific Islander race/ethnicity samples were too small to analyze.

<sup>11</sup> The NT sample was too small to analyze.

<sup>12</sup> The NT sample was too small to analyze.

<sup>13</sup> American Indian, Asian, Black/African American, Native Hawaiian/Pacific Islander

## School-based Mental Health Services

### Special Populations

CalSCHLS, CDE's umbrella organization over the CHKS and its other surveys, publishes data for certain special populations. For 2017-19, data are available for Grades 7, 9, and 11 for youth living in Foster Homes; who are homeless; whose Gender Identity is Transgender or Not Sure if Transgender; and whose Sexual Orientation is Lesbian/Gay/Bisexual (LGB). Figure 2 below shows those percentages for the chronic, sad, hopeless feelings in the past 12 months for youth. The percentages shown for youth living in Foster Homes and youth who are homeless are not that different from the percentage ranges reported in the school districts studied. However, the percentages reported for youth in the Gender Identity and Sexual Orientation categories are significantly higher. Transgender youth in the 9<sup>th</sup> Grade report chronic, sad, or hopeless feelings over 70% of the time in the past 12 months. Youth who are not sure if they are transgender report those feelings approximately 55% of the time. LGB youth report chronic, sad, or hopeless feelings approximately 65% of the time.

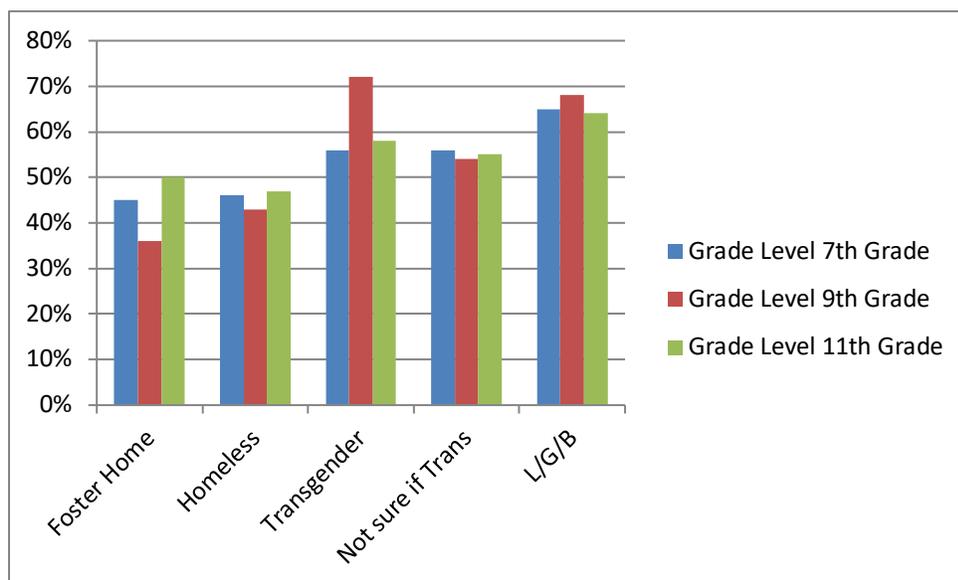


Figure 2: Chronic, Sad, or Hopeless Feelings, Past 12 Months for Special Population

Figure 3 below shows the percentages for youth who seriously considered attempting suicide in the past 12 Months. These percentages are very concerning for all special populations, except for youth who are homeless in Grades 7 and 9. Their percentages of suicidal ideation are comparable to those of youth at the school districts studied. At the school districts studied, the highest percentages of suicidal ideation above the benchmarks in the Youth Risk Behavior Survey either by grade level or ethnicity were 24%-25%, and they were mostly in the 20%-22% range. For youth in Foster Homes, those percentages are 34% and above. For youth who are homeless in Grade 11, the percentage is 39%. For youth who are transgender, the percentages range from 56% to 72% across the grade levels, and for youth who are not sure if they are transgender, the percentages range from 37%-46% across the grade levels. For youth who are LGB, the percentages range from 44% to 52% across the grade levels.

## School-based Mental Health Services

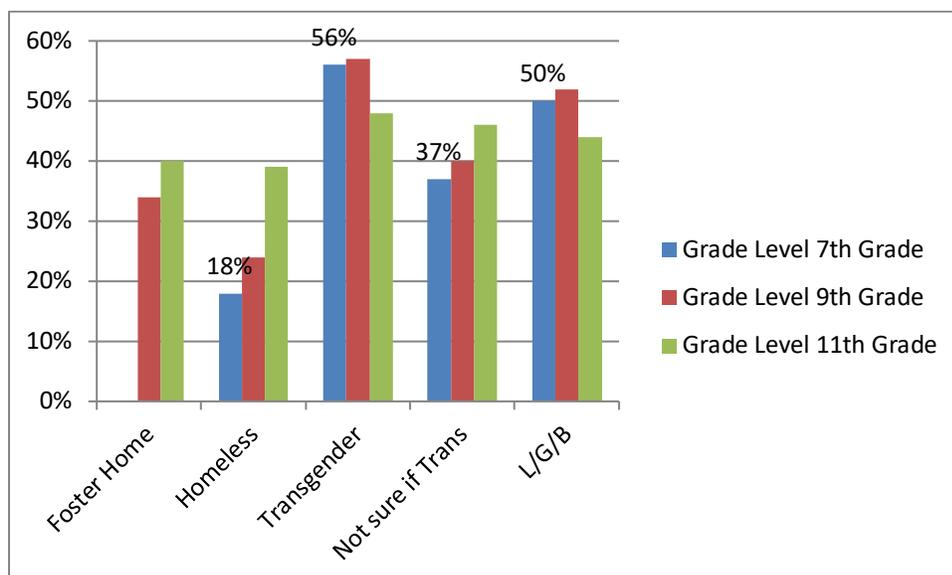


Figure 3: Seriously Considered Attempting Suicide, Past 12 Months for Special Populations

In 2006-08, WestEd studied the wider implications for students who reported chronic, sad, and hopeless feelings (Austin et al. 2010). They are an indicator of student mental health needs and the possibility of severe depression. Compared to other 7<sup>th</sup> and 9<sup>th</sup> Graders, these youths were already at elevated risk of a wide range of educational, health, social and emotional problems, including lower school attendance; poor performance; lack of social connectedness; greater likelihood of substance use; and having been victimized at school.

When WestEd conducted a similar study of youth who reported suicidal ideation in 2009-10, youth who are seriously at the contemplation stage of suicide are already at elevated risk of a wide range of educational, health, social, and emotional problems. These problems include lower school attendance, performance, and connectedness; greater likelihood of substance use; having been victimized at school; and experiencing chronic, sadness or loneliness as an indicator of risk of depression (Austin et al. 2012).

All the data from the CHKS for the individual school districts and special populations paint a disturbing picture about the mental health of middle and high school students in Sacramento County. Students of all race/ethnicities at four of these school districts had elevated levels of chronic, sad, or hopeless feelings. For specific race/ethnicities, Hispanic or Latino and Mixed races students had especially elevated percentages of these feelings. At all schools, females stood out in every instance as having problems. Percentages reported for youth in Gender Identity and Sexual Orientation categories are especially high. As the WestEd report indicates, these feelings of chronic sadness and hopelessness may indicate severe depression and put students at risk of a number of adverse consequences at school.

## School-based Mental Health Services

In terms of suicidal ideation, White, Hispanic or Latino, and Mixed races students are at highest risk. Again, females at all schools stand out as being at risk. The percentages are very concerning for nearly all special populations. With suicide as the second leading cause of death among 14-24 year olds in California, these rates of suicidal ideation need to be addressed.

### Effects of the COVID-19 Pandemic on Student Mental Health

The California Student Health and Wellness Project, collaboration between the CDE, the University of California Santa Barbara, and WestEd, disseminates statewide data related to students' mental health and wellness, as well as resources to help practitioners maximize student well-being. It compared the statewide CHKS data for AY 2020-21 to that for the 2017-2019 period for youth with chronic, sad, or hopeless feelings in the past 12 months as displayed in Table 2.

Table 2: Increase in Chronic, Sad, or Hopeless Feelings, Past 12 Months During the COVID-19 Pandemic

Period	Grade		
	7th	9th	11th
Pre-COVID-19	30%	33%	36%
During Pandemic	36%	42%	47%

Source: California Student Health and Wellness Project (June 2021)

Chronic, sad, or hopeless feelings increased at least 10% for youth during the pandemic.

The Youth Liberty Squad (YSL) is a youth leadership program sponsored by the American Civil Liberties Union (ACLU). YSL students have become leaders on various issues, included school-based mental health. The YSL conducted a survey of 653 students in April 2020 (Youth Liberty Squad, May 8, 2020). Before the COVID-19 pandemic, 22% of students self-reported that they received counseling or therapy. At the time of the survey, 32% felt that they may need treatment. Pre-pandemic, 68% of students rated their mental wellness at 7 or above on a scale from 1-10. Less than 40% of students rated their COVID-19 mental wellness at the same level at the time of the survey. 22% rated their mental wellness at a level of 3 or less, which the YSL states calls for immediate action. Appendix C shows the graphs for those two questions.

citiesRISE is a multi-stakeholder initiative that includes many of the world's leading experts and practitioners. It is dedicated to applying the best of global evidence and local community experience to scale up proven interventions and models and to mobilize youth to create mental health friendly cities. It conducted a global survey in April 2020 (citiesRISE). In Sacramento, 277 young people took the survey. A key finding is that 65% of these youth had no awareness of mental health organizations, programs, and services.

Table 3 describes the types of problems for which youth are seeking help. They are most interested in receiving help for stress reduction, relaxation, and positive thinking.

## School-based Mental Health Services

Table 3: Type of Mental Health Support Young People Are Seeking

Type	Percent
Stress reduction	58%
Relaxation	49%
Positive thinking	46%
Time management	43%
Coping when overwhelmed	32%
Combating loneliness	28%
Managing uncertainty	25%
Connections on social media	16%
Help with basic needs	13%
How to access a therapist	13%
How to access a peer advocate	7%
Suicide prevention	3%

Source: citiesRISE. Youth Realities in Sacramento During COVID-19: A Rapid Response and a Call to Action.

In Table 4 youth express a clear preference for peers and family as those from whom they would like to receive mental health support, with mental health professionals farther down on this list.

Table 4: How Young People Would Like to Receive Mental Health Support

Source	Percent
Friend	63%
Family	47%
Counselor	27%
Psychologist	18%
Psychiatrist	13%
Physician	10%
Social Worker	4%
Volunteer	4%

Source: citiesRISE. Youth Realities in Sacramento During COVID-19: A Rapid Response and a Call to Action.

## Initiatives to Improve School-based Mental Health Services

### Governor's Budget, Fiscal Year 2021-22 Children and Youth Behavioral Health Initiative

The Governor's Budget for FY 2021-22 adopted an initiative investing \$4.4B over five years designed to transform California's children and youth behavioral health system into an innovative, up-stream focused ecosystem in which all children and youth 25 years of age and younger are routinely screened, supported, and served for emerging and existing behavioral health needs. This initiative consists of the following components:

- School-linked Behavioral Health Services: Capacity/Infrastructure for Health Plans, County Mental Health Plans, Community-based Organizations, and Schools (\$550M)

## School-based Mental Health Services

Authorizes the Department of Health Care Services (DHCS) to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services from schools, providers in schools, school-affiliated CBOs, or school-based health centers in collaboration with managed care plans. The funding would allow direct incentive payments to counties, tribal entities, schools, LEAs, school districts, health care service plans, Medi-Cal managed care plans, CBOs, and behavioral health providers.

- **Incentive Payments to Medi-Cal Managed Care Plans (\$400M)**  
Requires DHCS to make incentive payments to qualifying Medi-Cal managed care plans to implement interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for children in publicly funded childcare, preschool, and schools with grades TK-12.
- **Behavioral Health Services Virtual Platform (\$747.9M)**  
Implements a behavioral health services virtual platform to be integrated with screening, clinic-based care, and app-based support services. The virtual platform would support regular automated assessments/screenings and self-monitoring tools and would develop tools to help families access help regardless of payment source. The platform would develop strategies to help people navigate step-by-step and would explore ways technology can support locating available services and supports, including addressing unmet needs, such as food or housing insecurity, which can lead to anxiety, stress, and trauma.
- **Building Continuum of Care Infrastructure (\$310M)**  
Ensures that youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county, by building up sites where they can receive mental health and substance use disorder services and care; e.g., urgent care, intensive outpatient, crisis stabilization, crisis residential, mobile units, and inpatient care.
- **Develop and Scale-up Age-Appropriate Behavioral Health Evidence-based Programs (\$429M)**  
Requires DHCS to select evidence-based interventions and community-defined promising practices to improve outcomes for children and youth with, or at high risk for, behavioral health conditions.
- **Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign (\$100M)**  
Raises the behavioral health literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges. Teaches Californians how to recognize the signs and symptoms of distress and where to turn to ask for help. Empowers children and youth to take charge of their mental health and wellness. Tackles disparities and inequities by empowering diverse communities to develop their own culturally and linguistically appropriate tools to break down the stigma associated with behavioral health conditions and increase help-seeking behavior.

## School-based Mental Health Services

- Behavioral Health Workforce Capacity (\$448M)  
Builds and expands workforce, education, and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services. Through coordination with the Office and Statewide Health Planning and Development, links back to partners implementing the student behavioral health counselor system to leverage efforts, exchange information and lessons learned, and strategize on sustainability and innovation
- School-linked Statewide Fee Schedule  
Requires DHCS to develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to children and youth 25 years of age or younger at a school site.
- LEA Billing Option Program (BOP) has been expanded to cover all Medi-Cal eligible students, not just those with Individual Education Plans (Special Education students).

### **School-based Behavioral Health Services in Sacramento County**

Starting in FY 2020-21, the Sacramento County Office of Education (SCOE) in collaboration with the Sacramento County Department of Health Services (DHS) implemented an initiative to make schools centers of wellness by placing a licensed mental health clinician in 11 elementary, middle, and high schools. For FY 2021-22, an additional 9 sites are being added. The goal is to expand the program until these clinicians are placed in all the schools in the county.

These clinicians deliver behavioral health services under the umbrella of the DHS Federally Qualified Health Centers that operate out of the Sacramento County Primary Care Center. Program clinicians will also link students to the county Primary Care Center or assigned medical home for primary health and/or specific behavioral and developmental evaluation as appropriate. Program staff also must perform functions at the school sites that are specific to SCOE, functioning as educators as well as clinicians. Staff will provide professional development and training to the teachers and other school site staff in order to integrate behavioral health services into educational services and vice versa, in accordance with the statewide scale up of MTSS. MTSS training for these clinicians is through a program from the CDE and the Orange County Office of Education.

Sacramento County has recently been able to expand the program to an additional 20 schools by receiving a Mental Health Student Service Act grant of \$6M from the Mental Health Oversight and Accountability Commission for the term of 8/15/21 through 8/15/25. DHS will use approximately \$3.6M of those funds in FY 2021-22 to expand to the 20 additional schools.

### **SCOE/BHS Collaborations**

In 2009 BHS and SCOE developed a 10-year plan for school-based mental health called the Sacramento County Student Mental Health & Wellness Plan to discuss the Mental Health Services Act (MHSA) and explore how schools can play a role in implementing Prevention and Early Intervention (PEI) services for children and youth. SCOE and BHS

## School-based Mental Health Services

have now initiated a process to update the plan and have hired a consultant to facilitate the process.

SCOE and BHS have also created a Learning Community to maximize reimbursement for mental health services. They are hiring consultants with expertise in this area. Given changes in health care coverage for behavioral health services in recent years, at this time nearly every child in California has coverage for such services, whether through Medi-Cal or private health plans. The current school-based systems were not designed to maximize potential opportunities afforded by the current state of coverage. While not all behavioral health services are reimbursable, it is in the interest of children and the community to maximize reimbursement for those school-based mental health and health services that are reimbursable and, therefore, to expand the collective capacity to deliver mental health services to children and youth.

### **Current Expenditure of Mental Health Services Act Prevention and Early Intervention Funds on School-based Mental Health Programs**

The Sacramento County FY 2018-19, FY 2019-20, FY 2021-21 MHSA Three Year Program and Expenditure Plan reports the following PEI expenditures:

FY 2018-19 \$17,957,558

FY 2019-20 \$17,957,558

FY 2021-22 \$16,306,386

The most recent Sacramento County FY 2020-21, 2021-22, FY 2022-23 MHSA Three Year Program and Expenditure Plan funds the following PEI programs:

- Suicide Prevention and Education
- Strengthening Families
- Integrated Health and Wellness
- Mental Health Promotion (to reduce stigma and discrimination)
- Time-Limited Community Driven PEI program

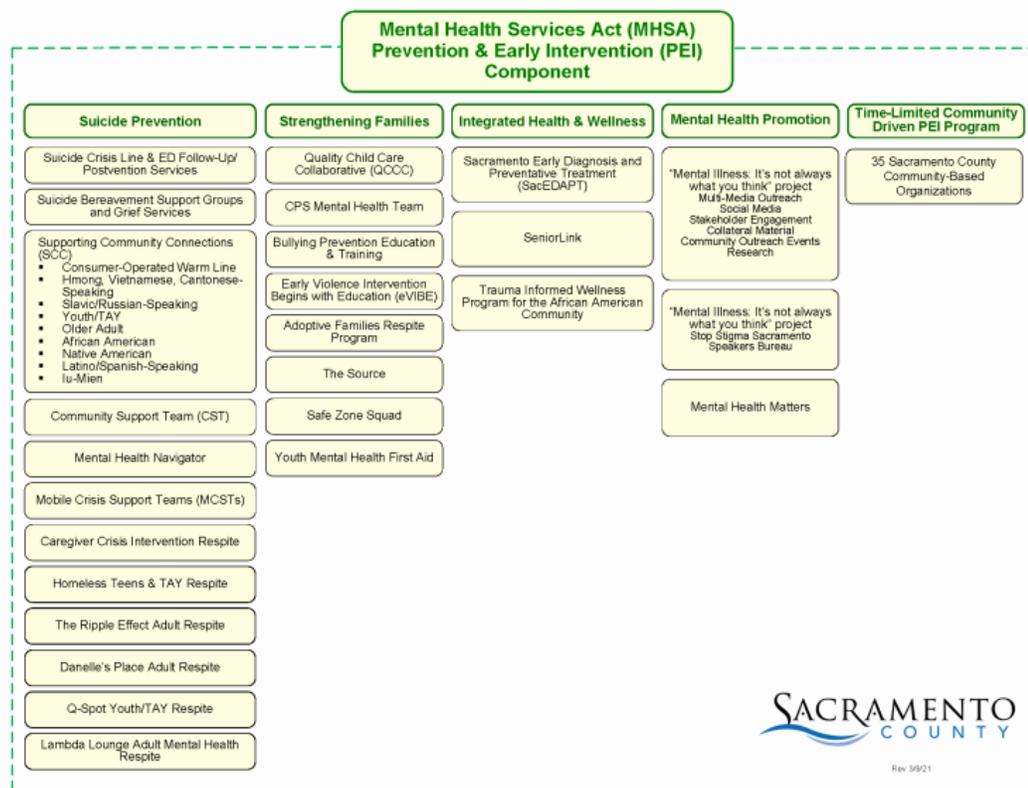
Figure 4 below displays the PEI continuum of services.

A number of those programs are specifically targeted to school-age children:

- Bullying Prevention and Education and Training Program is one that works with the SCOE and is available to all 13 Sacramento County school districts. SCOE uses a train-the-trainer model and evidence-based curricula to train school staff who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. The program is implemented primarily at elementary school demonstration sites; however, the intent is to expand the program to other grades by leveraging school district resources.

## School-based Mental Health Services

Figure 4: MHSA PEI Component



Sacramento County MHSA Fiscal Year 2021-22, 2022-23, 2023-24 Three-Year Plan

Source: Sacramento County FY 2018-19, FY 2019-20, and FY 2021-22 MHSA Three Year Program and Expenditure Plan

- Quality Child Care Collaborative leverages First 5 funding to provide behavioral health consultations to preschools and early childcare learning environments for children, birth through age five. Consultations are designed to increase teacher awareness about the meaning of behavior and to provide strategies to ensure the success of the child while in a childcare and/or preschool setting. Support and education are also available for parents.
- Safe Zone Squad (SZS) administered by SCOE is a PEI Improving Timely Access to Services for Underserved Populations program comprised of a two-person team on each campus that includes a Youth Advocate and a Safe Zone Coach (mental health counselor). SZS program provides mental health crisis and triage services to students, ages 11 to 14, at three identified middle school campuses (Martin Luther King Jr. Technology Academy, Albert Einstein Middle School, and Sam Brannan Middle School). The program does mental health screening to identify appropriate levels of support and provide linkage to a mental health provider or other resources within the

## School-based Mental Health Services

community. Program outcomes include enhancing school success, reducing stigma, improving relationships, and reducing hospitalizations.

- Lu-Mien Community Services provides a weekly peer-run youth group focused on youth leadership activities, physical recreation, cultural arts, and an informational workshop regarding management of stress for improved mental or physical health. It is not provided at school sites.
- Early Violence Intervention Begins with Education (eVIBE), administered by the Sacramento Children's Home, is a PEI Outreach for Increasing Early Signs of Mental Illness program that uses the evidence-based prevention approaches to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict for children and youth ages 6 to 18 and their family members/caregivers. The program goals are to reduce the risk of violence to youth and improve overall youth success in school and home-life. Measurable program objectives are to increase individual and family problem-solving behavior and reduce defiant and aggressive behavior that may lead to mental health issues. The program is taught in 19 schools across five school districts.
- Youth Mental Health First Aid (YMHFA) is a PEI Outreach for Increasing Early Signs of Mental Illness program administered by SCOE to increase the number of school staff and caregivers receiving YMHFA training. Program objectives include learning about the signs of mental health challenges for youth and typical adolescent development. The program teaches a five-step action plan for how to help youth in both crisis and non-crisis situations. SCOE administers these trainings to school district personnel and works directly with five local school districts.
- Stop Stigma Speakers Bureau trains community members to share their personal stories about mental illness. It had speaking events at 13 schools in FY 2019-20.
- SacEDAPT (Early Diagnosis and Preventative Treatment), administered by UC Davis, Department of Psychiatry, is a PEI Early Intervention program that focuses on individuals identified as experiencing early onset of a serious mental illness or emotional disturbance with psychotic features. SacEDAPT uses a nationally recognized treatment model utilizing an interdisciplinary team of physicians, clinicians, support staff, consumers and family advocates to provide assessment, early identification, and treatment of the onset of psychosis. The program provides culturally and linguistically responsive psychiatric support; case management; peer support; and access to treatment, including transportation. The program also engages in outreach services throughout Sacramento County, with a particular focus on underserved populations.

### **Sacramento County Behavioral Health Youth Advisory Board**

In 2001, the county created the Behavioral Health Youth Advisory Board (BHYAB). High school age youth in Sacramento County will now be able to communicate their needs

## School-based Mental Health Services

regarding school-based mental health services directly to policy makers and providers. The BHYAB is designed to promote youth engagement in the development and implementation of policies, practices, and programs that impact the behavioral health and well-being of Sacramento youth up to age 24. As recipients of DHS services and experts on their own lived experience, youth can offer a unique perspective on making County systems more effective and responsive to their needs.

The BHYAB is composed of 10 Sacramento County youth, ages 14-24, who will meet and advise County leaders for the following purposes:

- Develop and empower a diverse group of youth to use their voices and talents to improve their community and advise policy leaders on what is needed to create “youth behavioral health friendly” communities.
- Increase youth engagement and voice in the development and implementation of policies, practices, and programs that impact the behavioral health and well-being of Sacramento County youth up to age 24, through:
  - ✓ Direct input and feedback regarding the behavioral health and wellness needs of youth to the Board of Supervisors and other public agencies, committees, and coalitions.
  - ✓ Engagement with public agencies and other related committees and workgroups.
- Expand the number of trusted peer-to-peer messengers around youth behavioral health and well-being.
- Increase the community of youth with skills to:
  - ✓ Understand formal behavioral health systems.
  - ✓ Discuss and describe behavioral health and well-being.
  - ✓ Advocate for a youth-friendly, culturally relevant behavioral health and wellness system of supports.
  - ✓ Envision and promote a youth-friendly behavioral health community.
- Engage public and other community-based youth groups within Sacramento County and its cities to develop a youth advocacy agenda around behavioral health and wellness.

BHYAB members will be trained and supported to work collaboratively with the County Mental Health Board, Youth Commission, and other county and community Boards and Commissions on items related to youth behavioral health. The BHYAB held its first meeting on November 5, 2021.

### **Peer Support Specialist Certification**

SB 803 (Beall) (Chapter 150, Statutes of 2020) enacted the Peer Support Specialist Certification Program. Peers have long played a significant role in California’s behavioral health system, acting as a part of the prevention, early intervention, treatment, and recovery process for individuals living with mental health care needs. As individuals with lived experience, or as parents, caregivers, and family members of individuals living with mental health care needs, peers personally understand the experience of the individuals they serve and can help clarify the most effective set of services for each individual’s recovery needs. The Centers for Medicare and Medicaid Services recognizes that the

## School-based Mental Health Services

experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state's delivery of effective mental health treatment.

Peer support specialists must be at least 18 years of age and be self-identified as having experience with the process of recovery from mental illness or a substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer. They must be willing to share their experience and have a strong dedication to recovery. They must also pass a certification examination.

The peer support certification program is intended to achieve all of the following:

- Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists.
- Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, to families or significant support persons.
- Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help individuals achieve desired outcomes.
- Support collaboration with others providing care or support to the individual or family.
- Assist parents, families, and individuals in developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes.
- Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialists serve.

## Behavioral Health Workforce

### Behavioral Health Workforce Shortage

According to the National Academy for State Health Policy, a growing shortage of behavioral health workers persists across the country. The shortage is more severe in Health Professional Shortage Areas (HPSA). These designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For mental health, the population to provider ratio must be at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community) (KFF.org, 2021). An estimated 122 million Americans, or 37% of the population, lived in 5,833 mental health professional shortage

## School-based Mental Health Services

areas as of March 2021. The nation needs an additional 6,398 mental health providers to fill these shortage gaps (USAFacts.org).

According to the Kellogg Family Foundation, California is meeting only 26.7% of the need as displayed in Table 5 below (KFF.org, 2021).

Table 5: Percent of Need Met in California for Mental Health Practitioners

Location	Total Mental Health Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
California	536	9,398,534	26.7%	490

Source: Kellogg Family Foundation

In February 2019, the Office of Statewide Health Planning (OSHPD) and the California Behavioral Health Planning Council (CBHPC) published their “2020-2025 Mental Health Services Act Workforce Education and Training (WET) Five-Year Plan” pursuant to Welfare and Institutions Code Section 5820, which requires these agencies to develop a WET Plan for five years. This plan reports that California’s public mental health system has serious workforce shortages and maldistribution in nearly all professions. There is a recognized lack of workforce diversity and underrepresentation of professionals with consumer and family member experience. These shortages are particularly severe for public mental health practitioners with adequate competencies to work effectively with individuals with serious mental illness or serious emotional disturbance across the lifespan of age groups as well as diverse racial, ethnic, and cultural populations. Sacramento County BHS and its CBOs are experiencing these workforce shortages in trying to provide adequate services.

Per the California Assembly analysis on Assembly Bill 552 (March 2021), California lacks sufficient numbers of trained personnel in our schools to meet the mental health needs of over six pupils. Table 6 below presents the number of professionals in California schools, the student/professional ratio, and the recommended ratio.

Consistent with the behavioral health workforce shortage, there will be approximately 3,660 projected job openings in the workforce in the period extending to 2024 as displayed in Table 7 below. The gap is growing between the demand for behavioral health workers and the supply. To increase the supply, BHS should expand its current efforts and partnerships to create more career pathways for youth into the field. Collaboration with K-12, higher education, and the CBO sectors could include: diversifying outreach at colleges and ethnic CBOs; expanding the number of high school and community college partnerships that introduce students to the behavioral health field; and expanding work-based learning, such as internships, career days, pre-apprenticeship, and apprenticeship slots. Support is needed for more student loan repayment programs and stipends for college students seeking internship hours to complete BA and MA degrees in social work, school counseling, and psychology programs as well strategies to help providers retain and upskill workers.

## School-based Mental Health Services

Table 6: Shortage of School Health Professional, 2018-19

School health professional	Number of professionals in California schools in 2018/19	2018/19 ratio of students/professional	Recommended ratios by relevant professional associations
School counselors	10,416	576:1	250:1
School psychologists	6,329	948:1	500-700:1
School social workers	865	6,936:1	250:1
School nurses	2,720	2,205:1	750:1

Source: AB552 Committee Analysis

### Current MHSA Behavioral Health Workforce Programs

The MHSA provided a unique opportunity in 2004 to expand and improve the workforce that supports the California’s public mental health system. The funding stream existed from 2008 through 2018. It provided nearly \$445M in MHSA funds over ten years to support WET programs, allocating \$234.5M to the state to support two state-administered WET Five-Year Plans. Counties received \$210M to support local WET programs over a ten-year period. State and county authority to expend these WET program funds ended June 30, 2018. The “2020-2025 MHSA Workforce Education and Training (WET) Five-Year Plan” provides the framework displayed in Figure 5 below.

In Sacramento County, the initial County Workforce Needs Assessment completed in 2007 has been the foundation for MHSA planning. From FY 2017-18 through FY 2019-20, Sacramento County received an annual estimate of \$1.5M for the WET component of the MHSA. The Sacramento County FY 2021-22, 2022-23, 2023-24 MHSA Three Year Program and Expenditure Plan includes the following seven different areas with an approximate budget of \$1.3M:

- Workforce Staffing Support
- System Training Continuum
- High School Training
- Psychiatric Residents and Fellowships
- Multidisciplinary Seminars
- Consumer Leadership Stipends
- Stipends for Individuals, Especially Consumers and Family Members for Ed Programs to Enter the Mental Health Field

School-based Mental Health Services

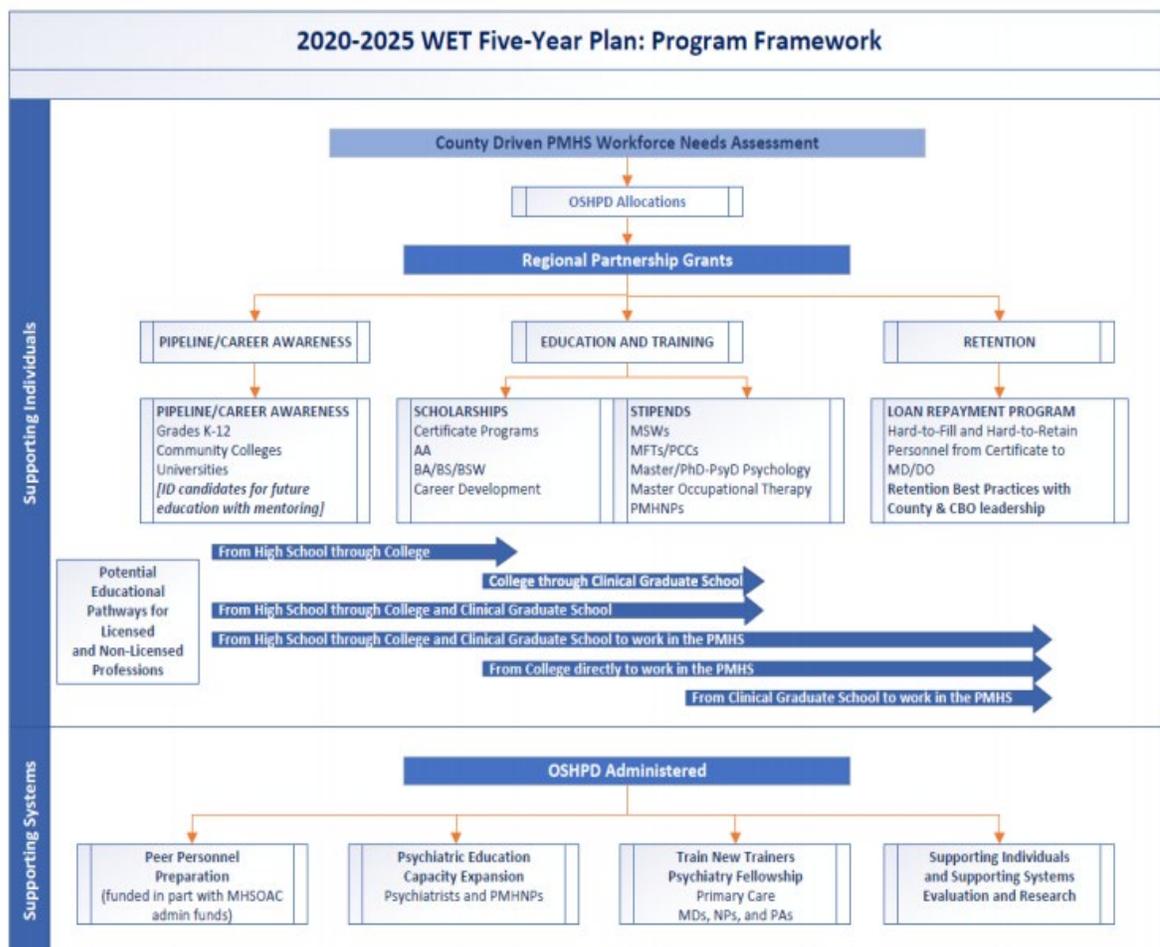
Table 7: Employment and Occupational Projections, Greater Sacramento Region and California, 2019-2024

Occupational Categories	Greater Sacramento		California	
	2019 Jobs	2019-2024 Projected Annual Job Openings	2019 Jobs	2019-2024 Projected Annual Job Openings
Misc. entry-level paraprofessional MH occupations	10,284	1,461	132,316	19,163
Clinical counselors, psychologists, school psychologists	9,990	1,324	167,275	20,299
Social workers	5,791	760	87,743	11,335
Psychiatric technicians	645	101	12,275	1,428
Psychiatrists	244	14	3,972	192
Total	26,954	3,660	403,581	52,417

Source: Mental Health and Behavioral Health Workforce Assessment: Greater Sacramento Region

# School-based Mental Health Services

Figure 5: 2020-2025 WET Five-Year Plan: Program Framework



Appendix 1: Plan Framework Matrix

2020-2025 WET Five-Year Plan

Source: 2020-2025 MHSOAC WET Five-Year Plan

Sacramento County is part of the Central Region WET Regional Partnership developed as part of the 2020-2025 MHSOAC WET Five-Year Plan. The total amount available to the Central Region is \$8,799,237; this amount includes the award amount plus the 33% required match. Sacramento County will have access to a certain amount of funding in accordance with funding allocations that are defined by the State.

In an attempt to retain current staffing and to increase culturally diverse staff for hard-to-fill job opportunities, Sacramento County has identified Mental Health Loan Repayment,

## School-based Mental Health Services

Undergraduate College and University Scholarships, and Clinical Master and Doctoral Graduate Education Stipends as priorities.

- **Loan Repayment:** The County intends to implement a Loan Repayment Plan to provide educational loan repayment assistance up to \$25,000 to public mental health system professionals identified at the local level and serving in high need position. This applies to new hires after 180 days of successful employment and to current employees with a minimum of 6 months in a direct service clinical capacity.
- **Undergraduate College and University Scholarships:** Sacramento County plans to implement this program to provide scholarships of \$5,000 per school year to undergraduate students in exchange for service learning received in a public mental health service agency.
- **Clinical Master and Doctoral Graduate Education Stipends:** Implementation of the Clinical Master and Doctoral Graduate Education Stipend Program will provide financial support to post-graduate clinical master and doctoral education service performed while serving in a local public mental health system agency. The County will provide funds in the amount of up to \$20,000 to students in their final year of education who agree to continue working in the public mental health system for at least 12 months following receipt of funding.

Additionally, BHS invested in and continues to support two career pipeline programs with local high schools as part of the original WET plan, which included a robust community planning process. Those programs will support students through training and financial incentives available via the WET Regional Partnership.

### **Youth Forum**

The CSOC Committee held a Youth Forum on March 25, 2021. The participants are listed in Appendix A. Youth were invited to express the needs they perceived for enhanced school-based mental health services. Students representing the Muslim American Society Social Services Foundation (MASSSF) advocated for Wellness Centers on campus where students can go for support when they are having a health crisis. They were focused specifically on the needs of immigrant Muslim youth. This need is now especially acute with the increase in Afghan refugees in the wake of the American withdrawal from Afghanistan.

Students describe a wellness center as a space on school campuses that is mostly student run. It would be a safe space for students where they could either hang out or seek support from a peer or caring adult they want to talk to, such as a peer specialist or social worker. Students would determine what this safe space would be.

Other students talked about the need for culturally competent staff and the unique linguistic needs of students, including Spanish-speaking and Slavic-language speaking students. The needs of other special populations, such as queer, transgender, and youth of color, also need to be addressed.

## School-based Mental Health Services

Students identified a general lack of sufficient personnel to meet the mental health needs of students. But, they also pointed out that peers are a good way to increase resources and that they are uniquely qualified to create safe, culturally sensitive places on campus where students would be comfortable having their needs met.

### Recommendations

#### CSOC Committee Recommendations

Recommendation: Based on the serious mental health needs of middle school and high school students identified by the CHKS, SCOE and DHS should accelerate its centers of wellness program to increase mental health services in the schools.

Recommendation: The Sacramento County Mental Health Board (MHB) should have youth members

The MHB ByLaws permit it to have youth ages 15-18 appointed to the board. They have the right to participate in all matters before the MHB, but they do not have voting privileges.

- The MHB should request that the Board of Supervisors appoint youth members to the board.
- The MHB should amend its ByLaws so the youth members have voting privileges.
- Youth will need training and pre- and post-meeting briefings to support their optimal participation on the MHB. BHS should contract with an organization, such as Pro Youth & Families that supports the BHYAB, to assist the youth MHB appointees.

Recommendation: Engage youth in the work of the MHB and its committees

Young people that receive services can inform adults and systems of the best way to engage them and deliver services to them. Youth and young adults should be supported to participate in decision-making and to serve as equal partners to adults about mental health service delivery.

Recommendation: BHS and county mental health providers should deliver information on platforms that youth use, such as Instagram and TikTok. Talk to youth in a way to make sure messaging is youth-friendly.

Recommendation: The CSOC Committee addresses issues that directly affect children and youth and their parent, caregivers, and other family members at their meetings. The CSOC Committee should periodically hold forums for youth and parent, caregivers, and other family members to solicit their input on issues that directly affect them.

Recommendation: The MHB, BHYAB, BHS, and SCOE should collaborate to design, plan, and implement a one- or two-day summer Youth Behavioral Health Conference that is designed by youth with support from adult allies with funding from BHS and SCOE.

Recommendation: The following recommendations should be implemented to increase the behavioral health workforce:

## School-based Mental Health Services

- When the unspent balance of MHSA Community Services and Support funds permit, funds should be transferred to the WET Component of the MHSA Three Year Program and Expenditure Plan to fund additional workforce development programs, including:
  - ✓ Additional high school behavioral health academies.
  - ✓ Work-based learning opportunities, such as internships, pre-apprentice, and apprenticeship programs.
  - ✓ Stipends for college students seeking to complete their internships for BA and MA programs in behavioral health disciplines.
- BHS is working in partnership with Sacramento Employment and Training Agency (SETA), CA State University Sacramento, Los Rios Community College District, Sacramento County Office of Education, and community providers. This partnership, funded by State Accelerator funds, is working on creating apprenticeships, internship models, a pathway map, and recruitment into the behavioral health field by building a pipeline from TK-12 to college. The funding for this work is set to expire in 2022. BHS should work with its partners to pursue continued funding.

### **Recommendations from *Every Young Heart and Mind—Schools as Centers of Wellness*, Mental Health Oversight and Accountability Commission**

In October 2020, the Mental Health Services Oversight and Accountability Commission (MHSOAC) published a report entitled, “Every Young and Heart and Mind: Schools as Centers of Wellness. The MHSOAC is an independent state agency created in 2004 by voter-approved Proposition 63, the MHSA. The 16-member Commission is composed of one Senator, one Assemblymember, the State Attorney General, the State Superintendent of Public Instruction, and 12 public members appointed by the Governor. By law, the gubernatorial appointees represent different sectors of society, including individuals with mental health needs, their family members, law enforcement, education, labor, business, and the mental health profession. The report delineates the following three major recommendations:

#### 1. State Leadership

The Governor and the Legislature should establish a leadership structure dedicated to the development of schools as centers for wellness and healing. The Governor’s Office should lead this effort, in partnership with the State Board of Education and Superintendent of Public Instruction, with operational leadership from the Department of Health Care Services, the California Department of Education and other agencies that can make a contribution. The leadership structure should work closely with the K-12 Statewide System of Support. The operational leadership should have dedicated staff charged with developing and implementing a state-level strategy to support community-level partnerships.

## School-based Mental Health Services

### 2. State Investment

The State should make a significant investment to establish schools as centers for wellness and healing. This foundational investment will require a multi-year commitment to developing the model programs, the data and management systems, and the workforce. It will require allocating more funding for services, and developing a sustainable funding strategy that links and leverages related funding and existing services.

### 3. State-supported Capacity Building

The state leadership structure must help counties and school districts develop the capacities required to integrate resources, adapt evidence-based practices, and manage for continuous improvement. The capacity building efforts should include these elements:

- a. Model program development. The K-12 System of Support should be expanded and funded to provide this technical expertise to schools, and find ways to enhance preventive support to early learning programs that serve children ages birth to five.
- b. Data and management. The K-12 System of Support should facilitate the local capacity for data and cross-system management with education and mental health systems, and facilitate ongoing policy evaluation at the state level.
- c. Workforce. OSHPD should be directed to work with county behavioral health and the K-12 System of Support to identify specific school-based workforce needs and allocate future fiscal year funding to students and educational providers.
- d. Sustainability. The Governor and the Legislature should make a multi-year funding commitment for services, while also investing in system capacity and system sustainability. Among the considerations:
  - Structure one-time funds to ramp up spending and then reduce them as ongoing funds are incorporated or created.
  - The State and K-12 System of Support should work together to develop and test options for braiding existing funds. The State and communities must share the objective of achieving financial sustainability and pursue opportunities to create more flexibility from existing funds or to develop new funding sources.

### **Ad Hoc Mental Health Collaborative Recommendations**

The Ad Hoc Mental Health Collaborative is a group of 25 elected school board members, Student Support Directors, and community advocates who champion expanded school-based mental health services. The CSOC Committee has worked with them throughout this project. We appreciate their sharing their expertise and resources with us. They have provided us with a set of recommendations. Some recommendations from other organizations are embedded within this structure.

## School-based Mental Health Services

### Strategy 1: Collaborative and cross-sector planning and capacity-building

Recommendation: SCOE and BHS should include the following considerations when updating the Sacramento County Student Mental Health & Wellness Plan.

BHS and SCOE should broaden and update this Plan and create a road map for the coming decade to execute a shared vision for schools as centers of wellness. This Plan could solidify a county-community-school partnership and be a vehicle for informing the county of policy directions into the next decade.

A strong data collection component to the Plan would enable a better understanding of the landscape of services, gaps, or challenges, and where good practices are already occurring that could be scaled up through support of the county and its partners.

This planning process should include the engagement of a diverse group of stakeholders, including students; parents; relevant county and city departments; school districts; health plans; community providers; the First Five Commission; community-based organizations, including the Black Child Legacy campaign and other children and youth-related committees that represent the diversity of our community.

Recommendation: Adopt MTSS as the conceptual framework for county-wide comprehensive school-based mental health and wellness services.

Differences in language and conceptual frameworks often pose barriers to collaboration between different child-serving systems. BHS and all youth-serving stakeholders should embrace the MTSS concept as a framework to discuss the range of youth behavioral health programs, services, and interventions. The MTSS model is discussed earlier in the report. Using this model will create a common language and framework for working across mental health and school district systems.

### Strategy 2: Partner to expand capacity to provide more reimbursable clinical services in the school setting (Tier 2 and 3 services).

Recommendation: Expand the scope of the Learning Community that has been established to address the following funding sources:

This Learning Community will position Sacramento County to apply for the significant state funds that are available from the Governor's Budget Children and Youth Behavioral Health Initiative for FY 2021-22. The Learning Community can also be expanded to include the managed care plans. The Children and Youth Behavioral Health Initiative includes the following specific components:

- School-linked behavioral health services: capacity and partnership for health plans, county behavioral health plans, CBOs, and schools (\$680M). In this program, the Department of Health Care services will issue grants to Medi-Cal managed care plans associated with targeted interventions that increase access to preventive, early

## School-based Mental Health Services

invention, and behavioral health services by school-affiliated behavioral health providers for K-12 children in schools. Opportunities should exist for reimbursement to county behavioral health managed care plans.

- Develop and expand age-appropriate, evidence-based behavioral health programs (\$430M). Grants will be available to Medi-Cal behavioral health delivery systems for selected evidence-based interventions to improve outcomes for children and youth at high risk for behavioral health conditions.
- Broaden behavioral health workforce capacity (\$430M). Update existing programs and issue grant opportunities:
  - ✓ Expansion of the peer personnel training and placement program to support peer providers for children and youth.
  - ✓ Expansion of funding opportunities for behavioral health-related scholarship and loan repayment programs.
  - ✓ Increasing funding to the WET Regional Partnerships to fund recruitment and retention efforts (scholarships, loan repayments, stipends, recruitment incentives, etc.) in their local areas.
  - ✓ Expansion of the Mini-Grants program to build career awareness for youth and students about behavioral health careers, especially careers that serve children and youth.
  - ✓ Expansion of psychiatric education capacity program to provide grants to new and expanding psychiatry programs, especially those that provide child and adolescent fellowships.
  - ✓ Expansion of existing programs to provide loan repayment, scholarships, stipends, etc. for substance use disorder disciplines.
  - ✓ Expansion of educational capacity for programs to train child and adolescent social workers and child welfare workers.

School-based mental health in California is not solely a school district function but is commonly funded by counties through realignment, the MHSA, grants, and federal Medi-Cal reimbursement, as well as “Prop 98” and other state school district funding. According to a 2018 study, California ranks near the bottom of states in school-based health and mental health services (Reback 2018). Institutional silos limit leveraging and braiding of funding. Strong state leadership or support is lacking on this issue. In the absence of state leadership, a county-level focus on enhancing infrastructure to bill Medi-Cal and private insurance for school-based mental health care could yield significant additional federal and third-party revenues. It could also result in improved behavioral health outcomes for youth based on existing and expanded provision of services.

The Learning Community should focus on these strategies:

- 1) Help school districts build and sustain stronger infrastructure to maximize Medi-Cal and private commercial insurance billing for existing and expanded mental health and other health services provided by school districts. This infrastructure could include expanding partnerships related to EPSDT, partnering to create county-wide third-party billing, a reimbursement administrator for school-based

## School-based Mental Health Services

mental health services, and enhanced training on Medi-Cal billing for school-based mental health services.

- 2) Convene private health plans and managed care plans to strengthen fiscal support for school-based mental health services for children classified as needing mild to moderate mental health services.
- 3) Increase use of Local Education Agency Billing Option Program (LEA BOP) funds (school-based Medi-Cal funds). These funds could increase health and mental health services at schools and better leverage county Medi-Cal funds. In the current Governor's Budget, LEA BOP has been expanded to cover all Medi-Cal eligible students, not just those with Individual Education Plans (Special Education students). LEA funds could ensure more students have access to early identification and interventions as well as needed crisis care.
- 4) Use the current procurement process for Medi-Cal Managed Care Plans in the county to provide an opportunity to create partnerships between school districts using the services and providers on-site as part of the network of services available to eligible children.

Strategy 3: Expand capacity to provide prevention and early intervention services within the school setting (Tier 1 services).

Recommendation: Develop best practices and support for a robust build out of universal "Tier 1" school-based services, including early identification, prevention, and intervention.

The California Children's Trust believes that the system must shift from a pathology-oriented behavioral health infrastructure with a sole focus on clinical, reimbursable services to one that integrates proactive, preventative approaches to advancing child well-being. These services and interventions can have the most impact and can reduce pressure on the crisis response system by preventing symptoms from escalating. More early assessments, prevention, and interventions, starting at preschool through early elementary grades, plus transition years, would also reduce the disproportionate numbers of Black and brown students placed in special education, being suspended, and dropping out of school.

Many prevention programs, approaches, and initiatives that form the foundation for behavioral health and wellness are not reimbursable by Medi-Cal. Yet counties commonly fund school-based prevention strategies.

Recommendation: The updated Sacramento County Student Mental Health & Wellness Plan should:

- Adopt best practices for what "Tier 1" services and interventions should be provided across all schools.
- Establish a process for measuring what is actually being provided against those best practices and determine how best to partner to ensure these Tier 1 services and interventions are provided for every child in ethnically, linguistically, and culturally relevant ways.

## School-based Mental Health Services

Recommendation: BHS should report annually on the amount of MHSA PEI funds spent on early intervention and prevention programs in the schools.

Recommendation: The BHS should add to the next Annual Update to the MHSA FY 2021-22, 2022-23, 2023-24 Three Year Program and Expenditure Plan for funds for programs related to the following:

### Ad Hoc Mental Health Collaborative Recommendations

- Stigma reduction.
- Suicide prevention.
- Mental health literacy and awareness training for students, teachers, parents, other school staff, and community partners.
- Early behavior identification and interventions for students struggling academically or acting inappropriately in preschool through K-12.
- Early warning systems to identify children before mental health crises, school failure, and suspensions occur.
- Ensuring services, interventions, and trainings are ethnically, linguistically, and culturally relevant.
- Extend support for peer mentoring programs being funded by current PEI funds and expand support for these types of program in the future.

### citiesRISE Recommendation

- Use PEI funds:
  - ✓ To create coping tools for youth for stress reduction, relaxation, managing uncertainty, time management, and positive thinking.
  - ✓ To address loneliness, continue to support virtual gathering spaces for youth to connect, gain skills, and enrich themselves.

### CSOC Recommendation

- Based on the results of the CHKS, PEI Suicide Prevention Programs should be augmented to target middle school and high school students in high risk racial/ethnic groups, females, and youth in Gender Identity and Sexual Orientation categories.

### Youth Forum Recommendation

Use PEI funds to create Wellness Centers on school campuses. Convene groups of students to create the Wellness Center design.

## Strategy 4: Engage youth

Students are a valuable resource, and their engagement in design and delivery of a mental health system will better ensure its relevancy and use by students. The citiesRISE survey reported that students preferred to talk to a peer or near-peer advocate. The citiesRISE report indicated that 65% of youth responding to their survey had no awareness of mental health organizations, programs, and services. In addition, 63% of youth wanted to receive services from friends, and 47% wanted to receive services from families. Thus, setting up a peer-based navigation program is clearly needed. Investing in expanding peer advocate services and teen peer-to-peer programs is another way to

## School-based Mental Health Services

increase trust in the system and increase the likelihood that youth will seek help before a crisis occurs.

Recommendation: Expand Peer to Peer and Near Peer programs

- When BHS implements the Peer Support Specialist Certification Program, recruit young adults in the 18-24 age range.
- Expand the use of college students serving as near peers to educate students about mental health and wellness and how to seek help if needed.
- The SCOE/DHS initiative to make schools centers of wellness should expand its concept over time to pair peer advocates with the mental health clinicians.
- MHSA or other county funds should be used to expand peer to peer programs where high school students mentor each other or high school students educate and mentor middle school students around mental health and wellness issues.

Another problem is that students and their families have to face confusing rules on how to access care for a myriad of mental health and wellness issues.

Recommendation: Create System Navigators using peers who are certified Peer Support Specialists, students, or family members to help youth and their families and caregivers to navigate county programs, CBO's, geographic managed care plans, and private health plans.

- Braid Medi-Cal, MHSA, geographic managed care, Prop 98, and any other state funds available for this program.
- Locate these System Navigators at schools where they would be most accessible to students and their families.
- Services should include helping students understand their rights, build confidence/skills to advocate for themselves, and receive health education that is prevention/wellness focused and culturally and linguistically relevant.
- Peers should reflect the ethnic, linguistic, and cultural diversity of the student population being served.

## School-based Mental Health Services

### **Appendix A**

#### List of Presenters at Children's System of Care Committee Meetings

June 25, 2020

Brent Malicote, Assistant Superintendent, Educational Services  
Sacramento County Office of Education  
Christopher Williams, Ph.D., Coordinator, Mental Health Services  
Sacramento County Office of Education

July 23, 2020

HeartLand Child & Family Services  
Deborah Hicks, LCSW, Director of Clinical Services (Watt)  
Todd Palumbo, LMFT, Director of Clinical Services (Grand)  
Khalil Butler, Youth Advocate

River Oak Center for Children  
Amy Fierro, Chief Program Officer  
Mary Bush, Director Youth & Family Support  
Tina Traxler, Division Director  
Anna Kaplan, Family Advocate

August 27, 2020

Sacramento County Unified School District  
Victoria Flores, MSW, Director  
Jacqueline Rodriguez, Coordinator  
Student Support and Health Services

Elk Grove Unified School District  
Don Ross, Director  
Student Support and Health Services  
Lisa Vartanian, Program Specialist  
Office of Behavioral Health

October 22, 2020

Alex Briscoe, Principal  
California's Children's Trust  
Toby Ewing, Executive Director  
Mental Health Oversight and Accountability Commission

January 28, 2021

Ad Hoc Mental Health Collaborative  
Lisa Murawski, Trustee, Sacramento City Unified School District (SCUSD)  
Donielle Prince, Area Congregations Together Leader and Aces Connection  
Barbra Kronick, Retired Director of Student Services SCUSD, Former President of  
School-based Health Alliance  
Hellan Roth Dowden, Director, Teachers for Healthy Kids

## School-based Mental Health Services

Victoria Flores, Director of Student Services SCUSD  
Bina Lefkovitz, Trustee, Sacramento County Office of Education  
Isa Sheik, SCUSD Student Board Member  
Areanna Deloney, Sacramento State Student

March 25, 2021

Youth Forum

Christina Aguilar, Muslim American Society Social Services Foundation (MASSSF)

Celene Aridin, MASSSF

Grace Clark, Graduate, High School in Sacramento

Sara Michael Gaston, Policy Advocate, Youth Forward

Nikita V. Kazimar, Slavic Action Group

School-based Mental Health Services

**Appendix B**  
 California Healthy Kids Survey  
 Selected High Schools  
 Sacramento County

Elk Grove Unified School District 2019-20

Elk Grove Unified School District. California Healthy Kids Survey, 2019-2020: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.

[https://data.calschls.org/resources/Elk\\_Grove\\_Unified\\_1920\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Elk_Grove_Unified_1920_Sec_CHKS.pdf)

Reason for Absence Last 30 days

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Were being bullied or mistreated at school	1%	1%	1%	1%
Felt sad, hopeless, anxious, stressed, or angry	3%	5%	8%	13%

NT = continuation, community day, and other alternative types schools

Chronic , Sad, or Hopeless Feelings, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	72%	67%	61%	66%
Yes	28%	33%	<b>39%</b>	<b>34%<sup>+</sup></b>

**above 35% in bold** This is a benchmark established by the MHB Children’s System of Care Committee to flag results of concern on indicators

<sup>+</sup> sample size too small to analyze

## School-based Mental Health Services

### Seriously Considered Attempting Suicide, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	86%	83%	82%	87%
Yes	14%	17%	18%	13%

17.7%                      19.3%

The percentages below the table represent the percent of high school students nationwide at those grade levels that considered suicide from the Youth Risk Behavior Survey, 2019 (Ivey-Stephenson, A, et al., August 2020).

### Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Hispanic or Latino	29%	34%	<b>40%</b>	<b>38%</b>
American Indian	25%	21%	29%	<b>40%<sup>+</sup></b>
Asian	29%	33%	<b>38%</b>	<b>42%<sup>+</sup></b>
Black or African American	27%	27%	<b>37%</b>	27%
Native Hawaiian or Pacific Islander	31%	<b>40%</b>	<b>44%</b>	
White	23%	32%	<b>39%</b>	<b>40%<sup>+</sup></b>
Mixed (two or more) races	30%	<b>37%</b>	<b>39%</b>	<b>37%</b>

Note: Cells that are empty = less than 10 respondents

## School-based Mental Health Services

### Suicide Ideation by Race Ethnicity

	7th	9th	11th	NT	
	Percent	Percent	Percent	Percent	
Hispanic or Latino	13%	18%*	18%*	11%	17.2%
American Indian	15%	13%	13%	0%	
Asian	15%	17%	18%	21% <sup>+</sup>	
Black or African American	17%	13%	16%	14%	16.9%
Native Hawaiian or Pacific Islander	13%	19%	23%		
White	10%	17%	18%	13%	19.1%
Mixed (two or more) races	13%	21%	20%	18%	

Note: Cells that are empty = less than 10 respondents

\* above nationwide attempted suicide rate for ethnicity

The percentages beside the table represent the percent of high school students nationwide of those ethnicities that considered suicide from the Youth Risk Behavior Survey, 2019 (Ivey-Stephenson, A, et al., August 2020).

### Perceived Harassment and Mental Health Measures by Gender

	7th		9th		11th		NT	
	Female	Male	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	35%	29%	<b>36%</b>	26%	31%	23%	18%	9%
Chronic/sad, or hopeless feeling, past 12 months	35%	21%	<b>44%</b>	23%	<b>49%</b>	29%	<b>47%<sup>+</sup></b>	28%
Seriously considered attempting suicide, past 12 months	17%	10%	23%*	12%	22%*	14%	18%	11%
			17.7%	17.7%	19.3%	19.3%		

## School-based Mental Health Services

San Juan Unified School District 2018-19

California Healthy Kids Survey, 2018-19: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.

[https://data.calschls.org/resources/San\\_Juan\\_Unified\\_1819\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/San_Juan_Unified_1819_Sec_CHKS.pdf)

### Reason for Absence Last 30 days

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Were being bullied or mistreated at school	3%	2%	1%	0%
Felt sad, hopeless, anxious, stressed, or angry	8%	11%	12%	19%

### Chronic, Sad, or Hopeless Feelings, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	65%	63%	61%	72%
Yes	35%	<b>37%</b>	<b>39%</b>	28%

### Seriously Considered Attempting Suicide, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	81%	81%	81%	82%
Yes	19%	19%*	19%	18%

17.7%      19.3%

## School-based Mental Health Services

Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Hispanic or Latino	<b>40%</b>	<b>39%</b>	<b>41%</b>	
American Indian	<b>43%<sup>+</sup></b>	<b>38%<sup>+</sup></b>	<b>58%<sup>+</sup></b>	
Asian	31%	33%	<b>36%</b>	
Black or African American	33%	42%	35%	
Native Hawaiian or Pacific Islander	<b>48%<sup>+</sup></b>	28%	<b>44%<sup>+</sup></b>	
White	30%	35%	<b>39%</b>	30%
Mixed (two or more) races	<b>40%</b>	<b>43%</b>	<b>40%</b>	<b>40%<sup>+</sup></b>

Note: Cells that are empty = less than 10 respondents

Perceived Harassment and Mental Health Measures by Gender

	7th		9th		11th		NT	
	Female	Male	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	<b>50%</b>	<b>40%</b>	<b>42%</b>	30%	31%	24%		12%
Chronic/sad, or hopeless feeling, past 12 months	<b>44%</b>	25%	<b>48%</b>	25%	<b>47%</b>	30%		32%

Note: Cells that are empty = less than 10 respondents

## School-based Mental Health Services

Sacramento City Unified School District 2019-20

Sacramento City Unified School District. California Healthy Kids Survey, 2019-2020: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education.

[https://data.calschls.org/resources/Sacramento\\_City\\_Unified\\_1920\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Sacramento_City_Unified_1920_Sec_CHKS.pdf)

Note : No NT in sample

### Reason for Absence Last 30 days

	7th	9th	11th
	Percent	Percent	Percent
Were being bullied or mistreated at school	1%	2%	1%
Felt sad, hopeless, anxious, stressed, or angry	3%	9%	15%

### Chronic, Sad, or Hopeless Feelings, Past 12 Months

	7th	9th	11th
	Percent	Percent	Percent
No	73%	62%	55%
Yes	27%	<b>38%</b>	<b>45%</b>

### Seriously Considered Attempting Suicide, Past 12 Months

	7th	9th	11th
	Percent	Percent	Percent
No	85%	81%	78%
Yes	15%	19%*	22%*
		17.7%	19.3%

## School-based Mental Health Services

Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7th	9th	11th
	Percent	Percent	Percent
Hispanic or Latino	24%	<b>38%</b>	<b>42%</b>
American Indian		<b>38%<sup>+</sup></b>	<b>50%<sup>+</sup></b>
Asian	<b>38%</b>	<b>40%</b>	<b>43%</b>
Black or African American	30%	<b>46%</b>	<b>40%</b>
Native Hawaiian or Pacific Islander		28%	<b>50%<sup>+</sup></b>
White	15%	31%	<b>48%</b>
Mixed (two or more) races	26%	<b>42%</b>	<b>44%</b>

Note: Cells that are empty = less than 10 respondents

Suicide Ideation by Race/Ethnicity

	7th	9th	11th	
	Percent	Percent	Percent	
Hispanic or Latino	15%	17%	19%*	17.2%
American Indian		25%	30%	
Asian	23%	20%	23%	
Black or African American	11%	14%	12%	16.9%
Native Hawaiian or Pacific Islander		15%	38%	
White	5%	20%*	24%*	19.1%
Mixed (two or more) races	14%	20%	20%	

Note: Cells that are empty = less than 10 respondents

## School-based Mental Health Services

### Perceived Harassment and Mental Health Measures by Gender

	7th		9th		11th	
	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	30%	32%	<b>37%</b>	27%	30%	28%
Chronic/sad, or hopeless feeling, past 12 months	34%	21%	<b>52%</b>	22%	<b>52%</b>	<b>36%</b>
Seriously considered attempting suicide, past 12 months	19%	11%	25%*	12%	26%*	16%

Note: Cells that are empty = less than 10 respondents

17.7%      17.7%      19.3%      19.3%

### Folsom Cordova Unified School District 2019-20

Folsom-Cordova Unified School District. California Healthy Kids Survey, 2019-2020: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education

[https://data.calschls.org/resources/Folsom-Cordova\\_Unified\\_1920\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Folsom-Cordova_Unified_1920_Sec_CHKS.pdf)

### Reason for Absence Last 30 days

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Were being bullied or mistreated at school	2%	1%	1%	1%
Felt sad, hopeless, anxious, stressed, or angry	4%	8%	13%	18%

### Chronic, Sad, or Hopeless Feelings, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	70%	66%	56%	61%
Yes	30%	34%	<b>44%</b>	<b>39%<sup>+</sup></b>

## School-based Mental Health Services

### Seriously Considered Attempting Suicide, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	83%	83%	81%	81%
Yes	17%	17%	19%	19%

17.7%      19.3%

### Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Hispanic or Latino	<b>39%</b>	<b>40%</b>	<b>47%</b>	<b>37%</b>
American Indian	28%	24%	<b>73%<sup>+</sup></b>	
Asian	25%	25%	<b>38%</b>	
Black or African American	35%	<b>38%</b>	<b>38%</b>	24%
Native Hawaiian or Pacific Islander	<b>38%<sup>+</sup></b>	<b>48%<sup>+</sup></b>	<b>68%<sup>+</sup></b>	
White	25%	33%	<b>42%</b>	<b>42%</b>
Mixed (two or more) races	<b>37%</b>	<b>40%</b>	<b>53%</b>	<b>45%</b>

Note: Cells that are empty=less than 10 respondents

## School-based Mental Health Services

### Suicide Ideation by Race Ethnicity

	7th	9th	11th	NT	
	Percent	Percent	Percent	Percent	
Hispanic or Latino	24%*	22%*	21%*	17%	17.2%
American Indian	17%	8%	27%		
Asian	15%	14%	19%		
Black or African American	21%*	13%	13%	24%**	16.9%
Native Hawaiian or Pacific Islander	8%	28%	41%		
White	13%	15%	17%	19%	19.1%
Mixed (two or more) races	23%	21%	25%	19%	

Note: Cells that are empty = less than 10 respondents

### Perceived Harassment and Mental Health Measures by Gender

	7th		9th		11th		NT	
	Female	Male	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	<b>38%</b>	<b>36%</b>	30%	30%	31%	26%	22%	17%
Chronic/sad, or hopeless feeling, past 12 months	<b>36%</b>	23%	<b>43%</b>	26%	<b>54%</b>	33%	<b>56%<sup>+</sup></b>	32%
Seriously considered attempting suicide, past 12 months	22%	12%	20%*	13%	24%*	15%	28%	14%
			17.7%	17.7%	19.3%	19.3%		

## School-based Mental Health Services

Twin Rivers Unified School District 2019-20

Twin Rivers Unified School District. California Healthy Kids Survey, 2019-2020: Main Report. San Francisco: WestEd Health and Justice Program for the California Department of Education

[https://data.calschls.org/resources/Twin\\_Rivers\\_Unified\\_1920\\_Sec\\_CHKS\\_Grd9-12.pdf](https://data.calschls.org/resources/Twin_Rivers_Unified_1920_Sec_CHKS_Grd9-12.pdf)

Note: No NT in sample

### Reason for Absence Last 30 days

	9th	10th	11th	12th
	Percent	Percent	Percent	Percent
Were being bullied or mistreated at school	1%	1%	2%	1%
Felt sad, hopeless, anxious, stressed, or angry	7%	8%	12%	12%

### Seriously Considered Attempting Suicide, Past 12 Months

	9th	10th	11th	12th
	Percent	Percent	Percent	Percent
No	83%	81%	81%	85%
Yes	17%	19%*	19%	15%

17.7%      19.3%      19.6%

### Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	9th	10th	11th	12th
	Percent	Percent	Percent	Percent
Hispanic or Latino	34%	<b>38%</b>	<b>38%</b>	30%
American Indian	30%	<b>57%<sup>+</sup></b>	27%	24%
Asian	30%	<b>41%</b>	<b>37%</b>	<b>41%</b>
Black or African American	28%	28%	32%	<b>36%</b>
Native Hawaiian or Pacific Islander	32%	<b>37%<sup>+</sup></b>	<b>44%<sup>+</sup></b>	<b>68%<sup>+</sup></b>
White	<b>41%</b>	<b>42%</b>	<b>47%</b>	<b>41%</b>
Mixed (two or more) races	<b>36%</b>	<b>40%</b>	<b>37%</b>	<b>38%</b>

## School-based Mental Health Services

### Suicide Ideation by Race Ethnicity

	9th	10th	11th	12th	
	Percent	Percent	Percent	Percent	
Hispanic or Latino	17%	18%*	16%	13%	17.2%
American Indian	13%	27%	14%	12%	
Asian	13%	18%	13%	18%	
Black or African American	12%	15%	23%*	11%	16.9%
Native Hawaiian or Pacific Islander	29%	29%	37%	29%	
White	21%*	21%*	25%*	17%	19.1%
Mixed (two or more) races	19%	22%	19%	19%	

### Perceived Harassment and Mental Health Measures by Gender

	9th		10th		11th		12th	
	Female	Male	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	<b>32%</b>	22%	30%	22%	27%	20%	16%	19%
Chronic/sad, or hopeless feeling, past 12 months	<b>45%</b>	23%	<b>46%</b>	30%	<b>50%</b>	25%	<b>41%</b>	32%
Seriously considered attempting suicide, past 12 months	23%	10%	24%*	15%	24%*	13%	15%	15%
			17.7%	17.7%	19.3%	19.3%	19.6%	19.6%

### Center Joint Unified 2017-18

Center Joint Unified School District. California Healthy Kids Survey, 2017-18: Main Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

[https://data.calschls.org/resources/Center\\_Joint\\_Unified\\_1718\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Center_Joint_Unified_1718_Sec_CHKS.pdf)

### Reason for Absence Last 30 days

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
Were being bullied or mistreated at school	4%	1%	0%	0%
Felt sad, hopeless, anxious, stressed, or angry	8%	9%	11%	21%

## School-based Mental Health Services

### Chronic, Sad, or Hopeless Feelings, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	66%	59%	65%	37%
Yes	34%	<b>41%</b>	<b>35%</b>	<b>63%</b>

### Seriously Considered Attempting Suicide, Past 12 Months

	7th	9th	11th	NT
	Percent	Percent	Percent	Percent
No	na	79%	81%	70%
Yes	na	21%	19%*	30%*

na=not asked of middle school students

17.7% 19.3%

### Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	NT
	Percent	Percent	Percent	Percent
Hispanic or Latino	<b>38%</b>	<b>47%</b>	32%	<b>58%<sup>+</sup></b>
American Indian				
Asian	<b>53%<sup>+</sup></b>	<b>38%<sup>+</sup></b>	<b>47%<sup>+</sup></b>	
Black or African American	28%	19%	30%	
Native Hawaiian or Pacific Islander				
White	<b>38%</b>	<b>40%</b>	<b>34%</b>	<b>69%<sup>+</sup></b>
Mixed (two or more) races	30%	<b>52%</b>	<b>40%</b>	<b>52%<sup>+</sup></b>

Note: Cells that are empty=less than 10 respondents

## School-based Mental Health Services

### Perceived Harassment and Mental Health Measures by Gender

	7 <sup>th</sup>		9 <sup>th</sup>		11 <sup>th</sup>		NT	
	Female	Male	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	<b>56%</b>	<b>40%</b>	<b>47%</b>	31%	<b>38%</b>	23%	35%	22%
Chronic/sad, or hopeless feeling, past 12 months	<b>42%</b>	24%	<b>56%</b>	27%	<b>47%</b>	24%	<b>65%<sup>+</sup></b>	<b>62%<sup>+</sup></b>

Note: Cells that are empty = less than 10 respondents

### River Delta Joint Unified School District 2017-18

California Healthy Kids Survey, 2017-18: Main Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education. River Delta Joint Unified 2017-18

[https://data.calschls.org/resources/River\\_Delta\\_Joint\\_Unified\\_1718\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/River_Delta_Joint_Unified_1718_Sec_CHKS.pdf)

Note: No NT in sample

### Reason for Absence Last 30 days

	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
	Percent	Percent	Percent
Were being bullied or mistreated at school	3%	3%	4%
Felt sad, hopeless, anxious, stressed, or angry	6%	6%	17%

### Chronic, Sad, or Hopeless Feelings, Past 12 Months

	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
	Percent	Percent	Percent
No	74%	73%	58%
Yes	26%	27%	<b>42%</b>

## School-based Mental Health Services

### Seriously Considered Attempting Suicide, Past 12 Months

	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
	Percent	Percent	Percent
No	na	88%	79%
Yes	na	12%	21%*

na=not asked of middle school students

17.7% 19.3%

### Chronic, Sad, or Hopeless Feelings in the Past 12 Months by Race Ethnicity

	7th	9th	11th
	Percent	Percent	Percent
Hispanic or Latino	29%	27%	<b>41%</b>
American Indian			
Asian			
Black or African American			
Native Hawaiian or Pacific Islander			
White	26%	25%	<b>42%</b>
Mixed (two or more) races	25%	30%	<b>39%</b>

Note: Cells that are empty = less than 10 respondents

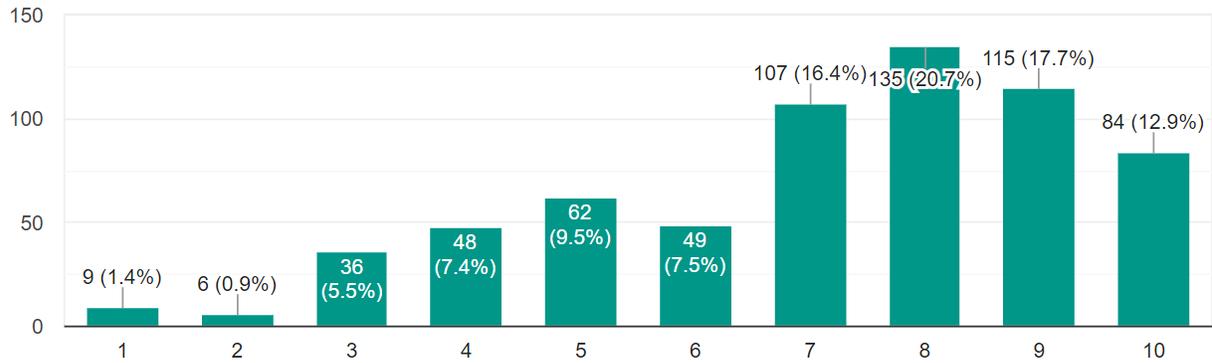
### Perceived Harassment and Mental Health Measures by Gender

	7th		9th		11th	
	Female	Male	Female	Male	Female	Male
	Percent	Percent	Percent	Percent	Percent	Percent
Harassed/bullied for any reason	<b>44%</b>	<b>42%</b>	<b>45%</b>	27%	<b>39%</b>	32%
Chronic/sad, or hopeless feeling, past 12 months	32%	20%	<b>38%</b>	20%	<b>48%</b>	34%

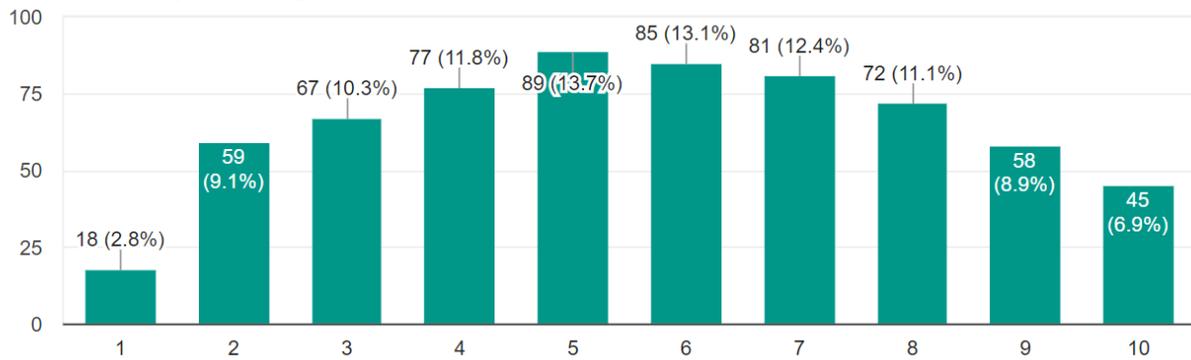
### Appendix C Youth Liberty Squad Survey Questions

1. How would you rate your mental wellness before the pandemic?

Survey defined “mental wellness” as our ability to cope with the normal stresses of life and work productively



2. How would you rate your mental wellness now?



Source: Summary of Student Mental Health Survey Results, Youth Liberty Squad

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Sacramento County FY 2020-21, 2021-22, and FY 2022-23 MHPA Three Year Program and Expenditure Plan

<https://dhs.saccounty.gov/BHS/Documents/Reports--Workplans/MHPA-Reports-and-Workplans/RT-2021-22--2022-23--2023-24-MHPA-Three-Year-Plan.pdf>

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