



Policy Brief

Sacramento County School-Based Mental Health: An Innovative Approach to Providing Mental Health Care to School Age Children

November 2020

Executive Summary

Children in California's schools are in need of mental health care. Poor mental health affects not only their well-being, but also their ability to succeed in and beyond the classroom. Unfortunately, many students lack access to care because of a lack of available providers and barriers like transportation and stigma. Not only do students suffer in this system, but educators often find themselves overwhelmed trying to address mental health in the classroom.

Sacramento County is rolling out a new partnership to combat the lack of mental health care and placing mental health clinicians in schools. The program will largely be funded through Medi-Cal reimbursement. It is estimated (as of 2015) that 60-65% of Sacramento County students are Medi-Cal eligible, but only roughly 4% access mental health services.¹ This brief will outline the program's structure and anticipate issues it may face as it moves forward.

Need for Mental Health Care Among School-Aged Children

There is a clear need among California's school-aged children for mental health services. Sixteen percent of ninth and eleventh graders have considered suicide.² Many also miss school due to mental health issues, and teachers have noted rising rates of students who struggle with mental illness.³ Teachers across all grades have also reported a lack of resources available to them for assistance with struggling students. This can be especially difficult when teachers are offered little training on the matter. Teachers also expressed a lack of confidence in guidance counselors to help struggling students and a desire for more help from mental health

¹ Chris Williams, Director of School Based Mental Health and Wellness, SCOE. Contacted by Author, September 2020

² Biennial Statewide California Healthy Kids Survey, 2017

³ Five Sacramento City Unified School District Teachers, Interviewed by Author, August 2020

professionals.⁴ Training of counselors varies across district, and few are required to spend time working on student mental health.⁵

Many students are also unable to access help. Approximately one third of diagnosed students in the general population receive treatment.⁶ That is just for diagnosed students. Studies show that 1 in 5 children and youth have a diagnosable emotional, behavioral or mental health disorder and 1 in 10 young people have a mental health challenge that is severe enough to impair how they function at home, school, or in the community.⁷ Many estimates show that as many as 80% of them do not receive the mental health care they need.⁸ Unaddressed mental health concerns can manifest in lower academic success, chronic absenteeism, as well as higher rates of suspension and dropout.⁹ Many lack access because of transportation barriers to clinicians' offices, because their parents cannot afford the time to get them the help they need, or because seeking help is often stigmatized in their communities.¹⁰

Sacramento County Offers a Solution

In order to address the lack of mental health care for Sacramento County's schoolchildren, Sacramento County Office of Education (SCOE) has launched a program that aims to place a mental health clinician in every school. The program will consist of clinical services, school climate initiatives, and professional development for school staff. These will be performed by Licensed Clinical Social Workers and Licensed Marriage and Family Therapists hired by SCOE. These clinicians will each be responsible for one school site, though they may rotate or assist other sites in times of acute crisis.¹¹

Clinical services will consist of individual and possibly group therapy, covering about 30 students a week, and are estimated to take up about 60% of clinicians' time. In high schools, clinicians will be supplemented with social work interns. SCOE currently has a partnership with Sacramento State University's School of Social Work to provide these interns.¹²

Clinicians are also expected to spend about 40% of their time facilitating school climate and partnership measures in line with California's Multi-Tiered System of Support. These measures will include case management, facilitating the integration of Social Emotional Learning

⁴ Five Sacramento City Unified School District Teachers, Interviewed by Author, August 2020

⁵ Washburn, Daniel. "School-Based Health Care a Low Priority in California", 2018

⁶ California School-Based Health Alliance. "Public Funding for School-Based Mental Health Programs", 2018

⁷ Centers for Disease Control, 2013; Kessler, et al., 2005

⁸ Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *The American Journal of Psychiatry*, 159(9), 1548–1555. <https://doi.org/10.1176/appi.ajp.159.9.1548>

⁹ California School-Based Health Alliance. "Public Funding for School-Based Mental Health Programs", 2018

¹⁰ California School-Based Health Alliance. "Public Funding for School-Based Mental Health Programs", 2018

¹¹ SCOE, Proposed Plan Narrative, 2019

¹² SCOE, Proposed Plan Narrative, 2019

supports, making referrals to more intensive services when necessary, and conducting professional development for school staff.¹³

The final piece of the program is training for school staff based on the RULER approach to social emotional learning. This piece is done in partnership with the Center for Emotional Intelligence at Yale University. RULER stands for Recognizing, Understanding, Labeling, Expressing, and Regulating emotions.¹⁴ Staff will learn how to integrate these into their classrooms as a Tier I approach to promoting good mental health, in support of the more intensive direct services provided by the clinicians.

Schools were selected to participate in the pilot the program based on three primary factors. Because the program is largely funded by Medi-Cal reimbursement, schools with close to ninety or one hundred percent of students eligible for free and reduced lunches were prioritized, as this correlates strongly to Medi Cal eligibility. SCOE also selected sites with a strong commitment by district and school leadership to maximize buy-in. Finally, SCOE took efforts to ensure cohort 1 includes schools from all sizes of districts and to include urban, suburban, and rural districts.¹⁵ Based on these criteria, eleven schools were selected and are listed below.¹⁶

- **High Schools**
 - Cordova High School (Folsom Cordova USD)
 - Hiram W. Johnson High School (Sacramento City USD)
- **Middle Schools**
 - Mills Middle School (Folsom Cordova USD)
 - James Rutter Middle School (Elk Grove USD)
- **Elementary Schools**
 - Ethel I. Baker Elementary School (Sacramento City USD)
 - Howe Avenue Elementary School (San Juan USD)
 - Isleton Elementary School (River Delta USD)
 - Las Palmas Elementary School (Twin Rivers USD)
 - Samuel Kennedy Elementary School (Elk Grove USD)
 - Taylor Street Elementary School (Robla SD)
 - Woodridge Elementary School (Twin Rivers USD)

Going forward, these priorities will remain in place as SCOE looks to expand the program, with the eventual goal of placing a clinician in all schools overseen by the office. As they look to expand to schools with low levels of Medi-Cal eligibility, SCOE envisions forming relationships with private insurers and providers to cover the cost of care for these students.¹⁷ The need to form these relationships is one of the program’s biggest priorities.

¹³ SCOE, Proposed Plan Narrative, 2019

¹⁴ SCOE, Proposed Plan Narrative, 2019

¹⁵ Brent Malicote, Assistant Superintendent, Educational Services, SCOE. Interviewed by Author, September 2020

¹⁶ SCOE, “Groundbreaking Initiative to Provide Mental Health Services. June 24, 2020

¹⁷ Brent Malicote, Assistant Superintendent, Educational Services, SCOE. Interviewed by Author, September 2020

SCOE estimates that the cost for the initial implementation of School Based Mental Health will be about \$6 million over the next three to four years.¹⁸ The ongoing cost of the program will be covered through Medi-Cal reimbursements through enhanced Medi-Cal billing. This will enable the program to be sustainable long-term. The program is eligible for Medi-Cal reimbursements because school sites will be satellite centers of the County Primary Care Center, a Federally Qualified Health Center.¹⁹

Evaluation of the program will likely focus on academic measures such as performance, school climate surveys, rates of chronic absenteeism, and suspension rates, as well as mental health measures such as Medi-Cal penetration rates, realization of treatment goals, and intensity and duration of symptoms. However, these metrics are not yet fixed. SCOE is exploring a partnership with University of California, Berkeley School of Social Work for evaluation of the program²⁰.

In light of the current COVID-19 pandemic, this program has had to shift to a virtual format. While telehealth does offer some flexibility for meeting times for students and reduces the amount of time students are removed from class for meetings with clinicians, it also inhibits clinicians from engaging as fully with their school communities. Currently, the eleven clinicians in the initial cohort of schools are working to establish themselves within the campus community and are relying on trusted school staff to make introductions and broker relationships with parents and students.²¹

Conclusion

It is clear that school-aged children are in need of mental health care. Better student mental health has the potential to increase academic success as well as create healthier school climate and give more students the skills they need to succeed in the long term. Sacramento County Office of Education has created a program that looks to place clinicians on every campus in its jurisdiction. The program is largely funded by Medi-Cal reimbursement, making it sustainable for low-income schools. A large challenge that Sacramento County School-Based Mental Health faces as the program expands is how it will establish relationships with private insurers in order to pay for itself when services are provided to non-Medi-Cal-covered students, which account for roughly 35% of Sac County students.

¹⁸ Brent Malicote, Assistant Superintendent, Educational Services and David Gordon, Superintendent, SCOE. Interviewed by Author, August 2020

¹⁹ SCOE, Proposed Plan Narrative, 2019

²⁰ Brent Malicote, Assistant Superintendent, Educational Services, SCOE. Interviewed by Author, September 2020

²¹ Brent Malicote, Assistant Superintendent, Educational Services, SCOE. Interviewed by Author, September 2020

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