Santa Clara County Office of Education

# The Efficacy of Implementing a School-Based Approach to Student Wellness

RESEARCH BRIEF

**JANUARY 2022**

# OUR VISION FOR INTEGRATED SCHOOL-BASED BEHAVIORAL HEALTH

The youth mental health crisis manifests every day in schools, contributing to higher drop-out rates, student disengagement, chronic absenteeism, increased disciplinary actions, and the tragic loss of students. Teachers, school administrators, and staff are acutely aware that students' ability to engage in learning is directly related to whether their behavioral health and social-emotional needs are being met. The current behavioral health system is not successfully reaching students and, in some cases, is not implementing evidence-based approaches that would address the primary barriers to student access and reduce both prevalence and acuity of mental illness.

California's education leaders envision a new world where schools are centers of wellness and the current barriers no longer exist. In this reimagined future, all students benefit from prevention and intervention measures starting the day they are enrolled in kindergarten regardless of insurance provider, health plan, or diagnosis. The school culture is characterized by a wellness mindset in which school staff acknowledge that the "whole child" needs of students must be addressed in order for students to learn and engage. Social-emotional learning and self-regulation is incorporated into the curriculum, as are age-appropriate lessons on mental health awareness, signs and symptoms, prevalence, and resources. Teachers and staff promote mindfulness and wellness in the classroom while embedded school mental health professionals work with students to develop protective factors, such as resiliency, self-esteem, and coping skills.

Unlike our current system which requires children to miss class and find transportation, students who need individualized and ongoing counseling receive those services on their school campus in a way that minimizes lost instructional time and maximizes the benefits of an ecological model in which professionals can evaluate and address the natural external factors that play a central role in childhood behavior disorders. School mental health professionals observe classroom and playground behaviors, meet regularly with teachers to discuss student progress and challenges, offer coaching on culturally responsive wellness practices, and participate on the coordination of services teams (COST). When external factors are identified as the source of behavior or academic challenges, COST liaisons work with internal departments and county services agencies to connect students and families to the resources they need, including but not limited to, food, housing, childcare, afterschool programs, and free or reduced-cost technology.

Parents and caregivers receive information promoting mental health awareness, are offered mental health first aid training, and, when appropriate, are invited to participate in counseling sessions. Schools use their position as trusted community leaders and de facto messengers to chip away at deeply ingrained general and culture-specific stigmas associated with receiving mental health services.

And, importantly, the chief barrier to school-based behavioral health - a lack of sustainable ongoing funding - is eliminated. Instead, schools receive adequate, predictable, and ongoing funding that covers the cost to hire or contract for school mental health professionals and coordination of care time, including compensation for prevention and intervention activities that are embedded into classrooms and curricula. School administrators, managed care plans, commercial health plans, and county mental health plans work together to identify a streamlined compensation methodology across all payors that reduces the claiming and documentation burden on school mental health professionals and COST members, decreases the instability created by audit disallowances, and facilitates a continuum of care. A state-created and supported data system and platform is utilized efficiently by all parties for appropriate information sharing (while honoring student privacy) and, to the extent necessary, for submitting documentation and paying claims. This integrated platform facilitates time-sensitive and relevant communications amongst all local agencies that touch students' lives during a crisis or adverse childhood experience—such as removal from the home, incarceration of a caregiver, or housing insecurity—and helps trusted adults anticipate and meet students' needs.

California has a long way to go before we realize the vision for integrated school-based behavioral health services articulated statewide. Santa Clara County remains committed to making this vision a reality. The $7 billion state investment in community schools and student behavioral health will help create the partnerships and momentum needed to transform schools into centers of wellness.

Mary Ann Dewan

Mary Ann Dewan, Ph.D.
Santa Clara County
Superintendent of Schools

# EXECUTIVE SUMMARY

More than 50 years of academic and clinical research demonstrates a clear and undeniable advantage to providing embedded behavioral health services on school campuses.

- **Students are 10 to 21 times more likely to receive behavioral health services when they are provided on a school campus.**[1] Providing services on a school campus eliminates the need for transportation of students to and from off-site appointments, facilitates parent participation in mental health appointments, encourages student self-referral for treatment, and increases likelihood of completing the course of treatment.[2]
- **Students and families that are referred to off-site clinics are much less likely to receive initial or ongoing services than those offered services at a school site.**[3] In a study comparing on versus off-campus delivery models, 100% of families referred for school-based services received them, while only 8% of the families referred to an off-site clinic followed through and received services.
- **Embedded school-based mental health professionals can provide more accurate diagnoses and better identification of aggravating causal factors.**[4] School-based mental health professionals have the unique advantage of observing children in natural play and academic settings and can better identify the external factors that play a central role in childhood behavior disorders.[5]
- **Integrating social emotional learning and behavioral health into the curriculum and school culture significantly reduces the stigma associated with seeking mental health treatment.**[6] Research suggests that a school-based approach to mental health also naturally reduces obstacles to care stemming from the stigma held by parents and family members.[7]
- **School-based mental health services significantly reduce school disciplinary action, referrals into the criminal justice system, and school drop-out rates.**[8] When schools have the resources to provide mental health interventions and adopt intervention frameworks like Positive Behavioral Supports and Interventions (PBIS), the school-to-prison pipeline is disrupted.[9]
- **When social-emotional learning is incorporated into the classroom and embedded mental health services are offered to students, schools see increased academic performance and higher graduation and attendance rates.**[10] Research also links school-based health and mental health services to better child behavior in school, reduced emergency department usage by children, and lower rates of teen births.[11]

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## INTRODUCTION

California is struggling with a growing youth mental health crisis. Between 2007 and 2014, the suicide rate more than doubled among children ages 10 to 14.[1] Across the nation, suicides surpassed homicides as the second leading cause of death for individuals between the ages of 10 and 24.[2] Beyond the 495 California youth ages 5 to 24 who died of suicide in 2015—23 of whom were under 14 years old—even more are suffering.[3] In fact, among all age groups, the prevalence of serious suicidal thoughts was highest in young adults under 25 years old.[4]

These dire statistics are the motivation behind California's new $2.8 billion Community Schools Partnership Program (CCSPP) and the $4 billion Children and Youth Behavioral Health Initiative (CYBHI) and are driving Santa Clara County Office of Education's transformational work to adopt an integrated systems approach to meeting the whole child needs of every student. The Student Wellness Initiative, which dovetails with the funding and new benefits made available in the CCSPP and CYBHI, aims to transform California's behavioral health system into an innovative ecosystem where all youth ages 25 and younger, regardless of payer, would be screened, supported, and served for emerging and existing behavioral health needs. By leveraging the CYBHI and CCSPP funding to build integrated partnerships and lasting infrastructure, Santa Clara is leading the way in addressing the children's mental health crisis.

This white paper offers research-based recommendations regarding how to implement the Initiative and ensure youth receive the greatest access to integrated and multidisciplinary behavioral health interventions in ecologically grounded settings provided by trusted and culturally competent professionals.

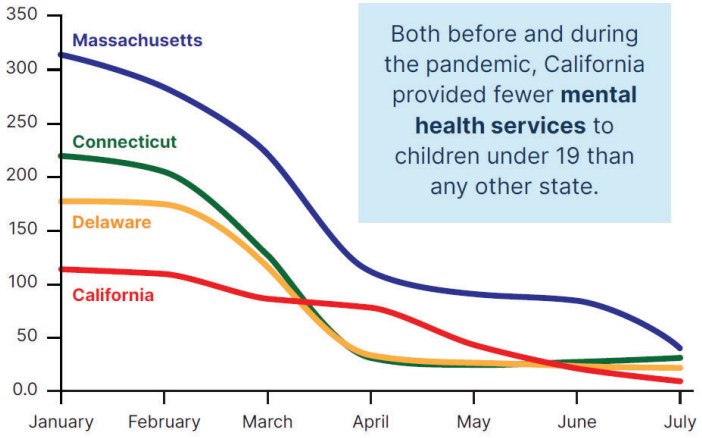
## BACKGROUND

"Health and education cannot be separated," Dr. Mary Ann Dewan, County Superintendent of Schools, said. Our youths' mental health concerns are personal, developmental, and societal. Over the course of a year, almost a third of students experienced the loss of a loved one, and many more witnessed close family members survive a near-death experience due to COVID-19.[5] These traumas, the effects of which permeate adolescence, cannot be ignored. Students will need to heal as they balance school, homework, studying, tests, college applications, and more. Students living in poverty, students experiencing housing insecurities, students with disabilities, and students of color have been disproportionately affected by the pandemic and systemic issues of racism.[6] Issues of gender identity and sexuality also have a significant impact on the youths' experiences. Unfortunately, due to lack of acceptance and bullying; lesbian, gay, bisexual, and transgender youth are four times more likely to attempt suicide than straight youth. [7]

The COVID-19 pandemic has exacerbated the issues and accelerated the need for youth mental health services. In the first year of the pandemic, intentional self-harm among 13- to 18-year-olds increased by 91%, overdoses increased by 95%, and diagnoses of major depressive disorder increased by 84%.[8] Between April 2020 and April 2021, in a survey of over 1200 students from over 50 school districts and 25 counties across California, two-thirds of students reported that their mental health was negatively impacted by the pandemic, and more than half of the students were overwhelmed by virtual learning.[9] Left unchecked, these symptoms of the youth mental health crisis will have irreversible consequences. As many as one in five California high school students considered suicide in the last 12 months.[10] Our youth are struggling tremendously, and their cries for help are quantifiable; calls to the California Youth Crisis Hotline increased 227% during the pandemic.[11]

## BARRIERS TO HIGH QUALITY CARE

In spite of the tremendous need, California has one of the lowest children's mental health service rates in the nation. Fewer than 5% of youth receive the mental health services they are entitled to.[12] During the first six months of the pandemic, California recorded the largest decline in access to youth mental health services of any state. In essence, both before and during the pandemic, California provided fewer mental health services to children under 19 than any other state.[13]




Both before and during the pandemic, California provided fewer **mental health services** to children under 19 than any other state.

While the state's Mental Health Parity Act strengthens existing regulations for insurers to cover mental health care at the same level as physical health care, the reality is that insurers often do not fulfill this expectation, despite having the power to incentivize the provision of services. In California, in-network primary care payment levels are 27.9% higher as compared to behavioral health services.[14] Low reimbursement rates and the hassle of dealing with insurance companies causes behavioral health providers to opt out of accepting insurance entirely,[15] to the point where only 55% of psychiatrists accept any form of insurance.[16]

As a result, out of network care utilization is nearly 500% higher for outpatient behavioral health services than physical health services.[17] While mandatory coverage for behavioral health services has improved over the past two decades, limited access to providers continues to be a barrier to services. As of 2016, there is a gap of 23.6% between the number of psychiatrists in California and the number required to care for all persons who need behavioral health services.[18] The shortage is even worse for youth services. As of 2018, there were only 13 child and adolescent psychologists per 100,000 children under 18 in California.[19] Despite the shortage, health plans still deny applications for therapists to accept insurance, citing a supposed lack of need in the area and ignoring the severe misalignment of cultural competencies between available providers and those who need services.[20]

California schools are deeply committed to addressing students' behavioral health needs but have historically been limited by inadequate funding. California ranks 41st in the nation for spending on education and 43rd in the nation for Medicaid spending per student on school-based health and mental health services. The lack of investment translates to California ranking 50th for the number of school counselors per student.[21] School mental health services were especially impacted by the 2008 financial crisis. California had 6,438 guidance counselors in 2001-2002,[22] a number that climbed to a peak of 7,839 in 2007-2008,[23] but fell to 6,191 in 2010-2011.[24]

Students of all ages are affected by this shortage. Approximately 16% of school districts provide mental health services for all elementary school students, and more than one quarter of school districts have at least one high school without a counselor. School-based health care coverage for the general student population is especially low in rural areas and in schools with high rates of special education classifications.[25] The pandemic has further limited students' access to services in the past year, where 54% of students reported experiencing a decrease in mental health support at their schools, and 57% of students reported not having access to a counselor or therapist.[26] These numbers are not a surprise, given that historically, education and behavioral health systems in California have been heavily siloed. The next section will explore how this current landscape intersects with the Children and Youth Behavioral Health Initiative to create a highly optimistic future.

## SOLUTION

The Children and Youth Behavioral Health Initiative is an investment to build infrastructure and close the gaps in students' mental health care needs. The provision of mental health services in schools is both timely and effective. Half of all lifetime cases of diagnosable mental illnesses begin by age 14.[27] It is imperative to provide the opportunity to address all students' mental health needs in a setting where they are most likely able to access services: on school campuses.

Utilizing the school environment—where students spend a significant part of their day—for early intervention brings public health efforts to the students, meeting students where they are and providing more accessible services to those in need. School-based mental health services can be integrated into the instructional and socio-emotional learning experiences that students already have. It also provides immediate and continuing resources to students without requiring families to search for already limited sources of care.[28] School-based healthcare programs substantially increase children's access to care, even for children covered by Medicaid or private health insurance.

The American Psychological Association reports that students with mental health experts on their school campus are 21 times more likely to receive mental health services.[29] Behavioral health services on school campuses can expand and provide care for students who would otherwise not receive it due to a lack of diagnosis or other barriers, such as restrictions on health insurance, lack of coverage, poor quality of services, or lack of health care providers within a reasonable proximity.[30]

Schools are the bedrock of the community for the 6.2 million students enrolled in K-12 schools and the place where these youth spend most of their time outside of their homes. Families look to educators to be role models for their children and provide nurturing care, guidance, and support.[31] More than 35% of parents reported a barrier to mental health services. Types of barriers included those related to structural constraints, perceptions of mental health, and perceptions of services (20.7%, 23.3%, and 25.9%, respectively).[32] Services that are provided in "ecologically grounded settings" remove barriers for parents, such as the need to travel and lack of trust. These advantages may encourage more parents to seek mental health care for their children and more students to self-refer for treatment.[33]

Schools are especially trusted resources for immigrant communities.[34] Financial and nonfinancial barriers, such as lack of transportation,[35] limit immigrant families' access to mental health care.[36] Youth of color, in particular, have been found to use school-based services more frequently than other community health delivery sites.[37] Adolescents with access to school-based health centers with mental health services were 10 times more likely than students without such access to initiate a visit for a mental health or substance abuse concern. The convenience and comfort of having school-based mental health services also may promote a longer-lasting commitment to following through with all recommended services.[38]

Students who are offered services on campus are significantly more likely to receive them, as opposed to those who are referred to services at an off-campus clinic for both initial and ongoing services. In a 2001 study, two groups of families were referred for behavioral health services. One group received school-based services; the other group was referred to an off-campus clinic nearby. Whereas 100% of families referred for school-based services received them, only 8% of the families referred to clinic-based services followed through and received services. At the 9-month follow-up, 86% of families receiving school-based services were still participating in services whereas no outside clinic families were receiving any mental health services for their children.[39]

Mental health services at schools provide positive outcomes that go beyond individual student impacts. The American Public Health Association writes that mental health services on school sites significantly reduce the stigma associated with seeking mental health services.[40] Prior research studies have linked school-based healthcare and mental health services to better student behavior in school, reduced emergency department usage by students, higher rates of educational success, and lower rates of teen births.[41] Mental health services on school campuses also increase attendance and likelihood of graduation and decreases likelihood of dropout.[42] A community school in Los Angeles reported a 90% decrease in psychiatric holds after a therapist was brought in.[43] Embedding school mental health professionals reduced critical discipline incidents by 67%; while mental health related critical discipline incidents were reduced by 62%.[44]

The provision of mental health services at schools creates a landscape where all students, regardless of health plan or insurance provider, race, gender, economic status, gender identity, sexuality, and need have access to a continuum of mental health services, including early intervention and prevention services embedded in academic curriculum and classroom settings. Because students spend a significant amount of time in school, the personnel who interact with them every day are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. According to the National Association of School Psychologists, youth who are contemplating suicide frequently give warning signs of their distress but are not likely to seek help directly. Thus, training school staff to respond to youth who exhibit warning signs of suicide is imperative.[45]

Screening, early identification, access to services, and receipt of services are critical in preventing and reducing mental health problems associated with suicidal behavior. [46]School mental health services have been shown to enhance clinical productivity, as students are more accessible to mental health staff.[47] When mental health services are provided by a mental health professional that is embedded at a school site, they are more targeted and can more closely monitor progress. In addition to eliminating barriers to access to care, school-based mental health services offer the potential to improve accuracy of diagnosis as well as assessment of progress.

One of the major challenges to providing mental health services to students is gaining access to information concerning the functionality of the student in various environments. Schools may have more information on how children deal with physical and social stresses and challenges and how they perform in the academic setting, on community-related roles in which children engage (e.g., in sports, with younger children as a mentor, etc.), and on the nature and extent of many sorts of interpersonal relationships (e.g., adults, peers).[48]

## CONCLUSION

Youth are the foundation of California's future. We must protect their mental health through conscious, effective investments in the services they need most. While the current statistics are dire in terms of both need and lack of treatment, they also point toward promising areas of improvement and interventions. Directing funding from the Children and Youth Behavioral Health Initiative toward behavioral health clinicians and personnel for schools is an efficient way to grow the workforce providing mental health services for schools and ensure that services reach students where they can access them.

## ABOUT THE AUTHORS

Amanda Dickey, Esq. is the Executive Director of Government Relations at the Santa Clara County Office of Education (SCCOE). Her areas of expertise include early education, special education, school-based health and mental health, Medi-Cal funding streams, community schools, and federal legislation. Her advocacy work supports the SCCOE values of equity and inclusion for all students. Amanda is a graduate of Pacific McGeorge School of Law, where she concentrated in legislative interpretation and civil rights. Amanda is admitted to practice law in the state of California.

Carolyn Gray is a 24-year-old resident of Sacramento with lived experiences of mental health conditions, crises, and treatment in high school and college. Her firsthand experience with student mental health informs and motivates her work on youth mental health advocacy in government relations for the Santa Clara County Office of Education.

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