One-Time State Investments for School Mental Health

Children Now

The COVID-19 pandemic and the closure of schools shone a spotlight on the issue of student mental health. Rates of depression and anxiety among youth skyrocketed, resulting in an increase in emergency room visits related to youth mental health. While children and youth were reporting the need for behavioral health supports prior to the pandemic, the isolation, stress, and increased material hardships of the pandemic strained the vulnerable mental health of California's young people. For example, prior to the pandemic, 68% of California students rated their mental wellness at seven or higher on a ten-point scale, however that rate dropped to 39% during the pandemic.[1] When schools re-opened, parents, teachers, and school staff reported feeling underequipped to handle the intense and complicated emotional climate for children and youth heightened by the loneliness and strain of the pandemic.[2] Simultaneously, the State of California experienced an unprecedented budget surplus, allowing policymakers to invest billions of dollars into youth mental health. This document highlights recent, state-funded, one-time investments in counties, districts, schools, and health plans that are eligible to receive dollars to implement various student mental health projects. Children Now's review of these programs revealed some fundamental shortcomings in statewide implementation that must be addressed for these dollars to be fully leveraged to close gaps in access to support for children and youth most in need. The table below outlines more than $5 billion that have been made available since 2020 for California students to address mental health staffing, service delivery, interagency linkages, and facilities. The table does not include federal dollars, which would bring potential funds for student mental health available since 2020 to approximately $27 billion.

Children Now makes the following recommendations to address shortcomings in statewide implementation of student mental health programs:

State Still Needs Plan for Current Mental Health Emergency. Close inspection of the funding sources shows that these investments will likely be most impactful in the long term. Most of the dollars are to be dispersed over multiple years, and almost all the funding requires intense planning to prepare for cross-sector implementation, hiring processes, and service delivery. These dollars will certainly make a future impact; however, the current emergency remains under-addressed. While the State FY2022-23 budget included dollars to support youth suicide prevention, the State should continue to examine how to best plan for the current emergency and ongoing needs, including youth overdoses.[3]

Schools Need State Guidance on How to Maximize Funding Sources. The numerous funding streams for school mental health provide an opportunity for the State of California to issue guidance on how districts and/or schools can braid, layer, or blend funding for maximum impact. Considering many of the funding streams allow for funding of similar entities/eligible populations, the State should be explicit about which funding sources are most suitable for certain populations and needs. We are concerned that, without this guidance, districts/schools may miss opportunities to help drive and achieve systemic change. If it is fully staffed, the newly created Office of School-Based Health[4] is primed to handle the role of providing guidance and technical assistance and promoting coordination across funding streams.

1 California Children's Report Card, Children Now, 2022.
2 Ibid.
3 7th LAUSD teen overdoses from possible fentanyl-laced pills, Los Angeles Times, September 21, 2022.
4 Assembly Bill 130, California Legislature, FY 2021-22.

State Should Clarify Role of Commercial Insurance. The Children and Youth Behavioral Health Initiative (CYBHI) is specific in its goal to be payor agnostic; however, the CYBHI has done little to clarify the role of commercial insurance, as most of the discussion has centered the role of Medi-Cal managed care plans. Similarly, programs like the Mental Health Student Services Act (MHSSA) have elevated the importance of county mental health plans but have also ignored the role of commercial insurance. While many are expecting the All Payer Fee Schedule to specify the role of commercial insurance, the State should clarify, through All Plan Letters, the role of commercial insurance plans in serving 50 percent of California's children and youth.

State Should Clarify Rights and Responsibilities Around Minor Consent and Confidentiality.[5] The increased dollars in student mental health have resurfaced long-standing concerns and confusion around what services students can consent to and what, if any, information about students can be shared. California's Family Code[6] states that minors can consent to outpatient mental health services. Separately, the federal laws surrounding confidentiality and the sharing of student information and records are traditionally covered by the federal Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). California should provide guidance on both minor consent and privacy to help make schools, health care providers, students, and parents aware of their rights and responsibilities.

State Needs Plan to Address Shifting Workforce. The influx of funding into schools has allowed for many districts to increase their school mental health workforce. However, this increase may cause a drain of staff in other child-serving sectors. For example, county-employed counselors may be shifting into schools, leaving a deficit of workers who can serve children in a county setting. The State needs a plan on how to address workforce deficits exacerbated by a focus on schools, such as in counties, hospitals, and in community-based organizations (CBOs).

5 FERPA vs HIPAA Infographic, Centers for Disease Control, June 27, 2022.

6 California Family code § 6924.

	Mental Health Student Services Partnership Grant Program (MHSSA)	School-Linked Partnership and Capacity Grants*	Student Behavioral Health Incentive Program (SBHIP)*	Behavioral Health Coach Workforce*	Community Schools Partnership Program (CSPP)	Behavioral Health Continuum Infrastructure Program-Child & Youth, Round 4
Overseeing Agency	Mental Health Services Oversight and Accountability Commission	Department of Health Care Services	Department of Health Care Services	Department of Health Care Access and Information	California Department of Education	Department of Health Care Services
Overview	Funds support services that include, at a minimum, all of the following: a) services provided on school campuses, b) suicide prevention services, c) drop-out prevention services, d) outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school, and e) placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.	Grants to support behavioral health services to students (age 0-25) provided by schools, behavioral health providers at or near a school site, school affiliated CBOs, or school-based health centers.	Incentive payment funding for Medi-Cal Managed Care Plans (MCPs) to build infrastructure, partnerships, and capacity statewide for school behavioral health services.	Expands behavioral health workforce to serve youth through the creation of the new Behavioral Health Coach role.	Provides funding for: a) expanding and sustaining existing community schools or networks of community schools, which may include direct grants to LEAs, b) coordinating and providing health, mental health, and pupil support services to pupils and families at community schools, c) providing training and support to LEA personnel to help develop best practices for integrating pupil supports.	Funds competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets that will expand program capacity for children and youth.
Funding Available	$255 million[7]	$550 million ($150 million for higher education)[8]	$389 million	$360 million[9]	$3.9 billion[10]	$480.5 million[11]

*Component of the Children & Youth Behavioral Health Initiative

7 The Mental Health Student Services Act, Mental Health Services Oversight and Accountability Commission, 2022.
8 Children and Youth Behavioral Health Initiative - Overview of Workstreams, California Association of Health Plans, May 18, 2022.
9 Behavioral Health Coaches Model, Department of Health Care Access and Information, September 2022.
10 Assembly Bill 130, California Legislature, FY 2021-22. Senate Bill 181, California Legislature, FY 2022-23.
11 Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4: Children and Youth Informational Webinar, Department of Health Care Services, June 2022.

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Entities Eligible for Funding	County, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, including multi-county partnerships, in partnership with one or more school districts and at least one County Office of Education or charter school located within the county.	Local educational agencies (LEAs), institutions of higher education, childcare and preschool programs, health plans, CBOs, behavioral health providers, county behavioral health entities and tribal entities.[12]	Medi-Cal managed care plans.[13]	Department of Health Care Access and Innovation to build the Behavioral Health Coaches workforce.	District and county LEAs and schools with demonstrated need, as well as county behavioral health agencies, federal Head Start/Early Head Start programs, and childcare programs within public institutions of higher education that commit to operating in partnership with at least one qualifying LEA.	Counties, cities, tribal entities, non-profit organizations, for profit organizations, including school linked health facilities.
Target Population(s)	K-12 children and youth	Children and youth ages 0-25	TK-12th grade children and youth in public schools	Children and youth ages 0-25	School-aged children and youth and children in early child development and care programs	Ages 25 and younger, including pregnant/ postpartum women and their children, transition-age youth, and their families
Prohibited Expenses	Funding may be used to supplement, but not supplant, existing financial and resource commitments.	Pending RFP	Pending RFP	TBA	Supplanting existing services and funds; acquiring equipment for administrative or personal use; purchasing furniture (e.g., bookcases, chairs, desks, file cabinets, tables); purchasing or leasing facilities; remodeling facilities not directly related to accessibility to instruction or services.[14]	Behavioral health services, furniture, and equipment

*Component of the Children & Youth Behavioral Health Initiative

12 Children and Youth Behavioral Health Initiative: Kick-off Webinar, California Health and Human Services Agency, March 15, 2022.

13 SBHIP goals and metrics are associated with targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

14 California Community Schools Partnership Program, California Department of Education, November 18, 2022.