CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

School-Based Health Centers: Central to Addressing Child & Youth Behavioral Health in Schools

There are 293 school-based health centers (SBHCs) in California providing access to comprehensive health care to 286,000 students on their K-12 school campus. For more information about SBHCs, the health services provided, and where SBHCs are located, please review this fact sheet.

The California School-Based Health Alliance (CSHA) is the organization in California leading the movement to put comprehensive health services in school settings for more than 20 years. CSHA has supported, through technical assistance, training, and advocacy a growing network of SBHCs and we enthusiastically agree that schools are a critical access point to deliver health care services, particularly behavioral health services, to children and youth.

As California invests in school-based health services and, in particular, strategies to address the mental health crisis facing children and youth, SBHCs should be leveraged to advance the state's goals. The state may not see SBHCs as a viable strategy for scaling behavioral health services to all low-income California youth due to the limited current reach of SBHCs. Part of the reason for this is that **California has never invested in SBHCs the way other states have.** This leaves communities fending for themselves and the model under-developed and under-utilized relative to its potential. The current state budget and emphasis on youth offers an opportunity to correct this historical under-investment and double down on an effective strategy.

SBHCs are an ideal model for delivering health care services in school settings for the following reasons:

- **SBHCs are effective.** Research shows that they increase access to preventive health care (i.e. users are more likely to use primary and behavioral health care through SBHCs, users are less likely to go to the ER or be hospitalized). One study found that students with access to SBHCs were 21 times more likely to visit SBHCs for mental health treatment than anywhere else. As part of a coordinated system of support with the school, SBHCs also improve attendance, student behavior, and school climate.

- **Unlike other school-based mental health providers, SBHCs provide integrated physical and behavioral health.** Not every young person will present or be identified as needing mental health supports. SBHCs provide accessible, age-appropriate primary care and evidence-based screenings to identify students that have underlying behavioral health needs - e.g., for substance use, suicide, trauma, safety, and social determinants of health. They are also able to address the other health care needs that often co-occur

with mental health conditions. This model has been shown to surface many treatable concerns earlier than siloed mental health services alone.

- **SBHCs are effective at providing prevention and early intervention services.** By design, SBHCs are a public health, prevention-focused approach to youth health care. Not only do they provide clinical care, but they are designed to provide population-based health promotion services outside clinic walls. They create leadership opportunities for youth, build resilience and improve school climate, provide services and referrals that address social determinants of health, and create additional safe spaces for students where they can connect to trusted adults.

- **SBHCs leverage Medi-Cal providers and coordinate care.** About 75% of SBHCs are run by community-based providers such as FQHCs, local hospitals, mental health agencies, or county health departments. These providers already leverage Medi-Cal reimbursement for behavioral health services and are able to coordinate care with other health care providers. Most SBHCs deliver Medi-Cal "mild-to-moderate" mental health services and either link to other school-based specialty mental health providers when needed and available or connect students to specialty services provided by the SBHC's lead agency.

- **SBHCs increase health equity.** California SBHCs are predominantly located in schools where a majority of students are low income and students of color. Three quarters of SBHCs serve schools where 70% or more of students qualify for free and reduced price meals (FRPM). Almost all SBHCs (97%) are in schools where a majority of students (>50%) are students of color.

- **SBHCs provide care outside of school hours, such as after school and during the summer.** Most SBHCs operated by community-based health care providers are open for care during the summer. Additionally, if SBHCs are not open over the summer, they coordinate care with health care providers so there is not a gap in access to health services for students.

Recommendations for DHCS

CSHA is supportive of the Department of Health Care Services' proposal to increase school behavioral health services through Medi-Cal Managed Care Plans (MCPs) and the emphasis of school-based strategies in the overall Child and Youth Behavioral Health Initiative. Based on the track record and benefits of SBHCs, we believe that SBHCs should be a central strategy to advance school-based behavioral health services and we hope that the SBHC model will be better represented and incorporated in future resources.

SBHCs are complementary to many of the strategies highlighted in DHCS's factsheet about the MCP incentive proposal AND the Child and Youth Behavioral Health Initiative. Below are some additional strategies that could be implemented to leverage and expand the SBHC model:

SBHC Planning

Regional planning efforts between schools, MCPs, and county mental health plans (MHPs) should include, where possible, Medi-Cal contracted providers that could provide insight into the ability, and interest, of providers to start new SBHCs and/or support existing SBHCs. Planning efforts should include:

- Using data (i.e. student poverty, chronic absence, health indicators) to identify schools that would benefit from an SBHC.
- Creating a "hub-and-spoke" model for SBHCs in a region, i.e. one SBHC that serves students from multiple school sites nearby.
- Creating an RFP to solicit Medi-Cal providers interested in managing and providing care through new or existing SBHC sites.
- Identifying the need for capital improvements (i.e. renovation, construction, facilities, etc.)

SBHC Facilities and Construction

Increase an LEA's infrastructure for Medi-Cal reimbursable health services by investing in health center facilities and licensing costs. This could include:

- Matching facility funds through school district bonds or HRSA construction grants.
- Constructing new facilities and renovating existing facilities.
- Purchasing new equipment such as telehealth equipment that could link surrounding school sites to a central SBHC.

SBHC Behavioral Health Expansion

Increase access to behavioral health clinicians at SBHCs by providing grants to cover the partial costs of hiring an additional behavioral health clinician for two to three years. During that time, the clinician and sponsor organization would build out referral, consultation, and reimbursement systems to sustain the position through Medi-Cal billing. The clinician would also develop systems and outreach to school partners to increase integration with the school site and other staff. This process could also ensure that these services are complementary, not duplicative, and that services are part of a comprehensive, multi-tiered approach to school mental health.

SBHC Coordination

Increase school- and district-level coordination by providing grants for SBHCs to cover the cost of a coordinator position. Funding could cover the position for two to three years to establish the benefit of this role with the expectation that the LEA, SBHC sponsor organization, or county would cover (or share) the costs of the role after the grant period. The coordinator would:

- Create and support referral systems between school staff, SBHC clinicians, and specialty mental health providers;
- Participate on district or school coordination teams;
- Provide outreach to students and school staff about the services provided through the SBHC and increase utilization of SBHC services;

- Work with school staff and SBHC clinicians to screen students for depression, suicidal ideation, substance use, trauma, and/or other behavioral health needs;
- Work with school staff and others to help increase peer education and other methods to reduce the stigma around behavioral health services; and
- Establish data and information sharing agreements and protocols between the SBHC, school staff, and other providers.

SBHCs are central to addressing California youth behavioral health.

In addition to the MCP proposal to expand school-based behavioral health services, CSHA is excited to see the administration's updated proposal to address youth behavioral health needs. Again, we believe SBHCs are central to a coordinated, enhanced approach to addressing comprehensive health needs facing young people, including behavioral health. Establishing a network of school-based health hubs for California's young people should be central to the state's transformative approach. In addition to long term investments like those described above, immediate resources could go to support the existing network of SBHCs and address the health needs of students as they return to schools:

- Back-to-School Grants for SBHCs
  Immediate, non-competitive grants to support existing SBHCs address the health needs of students returning to in-person education. Funding would support rehiring staff, hiring new staff (especially behavioral health clinicians), training, setting up systems, and supporting non-reimbursable staff time to outreach and coordinate services with the school. Awarded SBHCs could provide comprehensive screenings, address immediate behavioral health needs, and support school-based COVID vaccinations and testing, as well as helping catch students up on other routine vaccinations they missed during the pandemic.

Imagine a California where every school district had at least one SBHC, where students could find a safe, welcoming, child- and adolescent-friendly space where their holistic health needs could be met through comprehensive health care services. Where health needs were identified and addressed early, where stigma about mental health was dismantled because services were just a part of going to school, and where every school climate supported healthy students. A California where we could comprehensively put health care where kids are - at school. This transformation is within our reach, aligned with the state's initiatives, and is the vision that SBHCs have been working toward for decades.