



Child & Adolescent Behavioral Health

School-based Mental Health

Our Schools

- **18 School Districts**
- **298 Schools within the County**
- **4 SELPAs**
- **Behavioral Health Services developed partnerships with individual school districts**
- **Behavioral Health Services, Office of Education & CCHP are exploring ways to partner and collaborate**

Contra Costa County

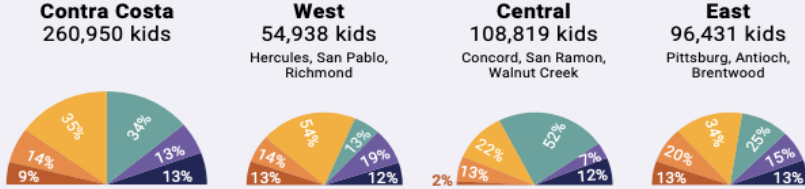


The Opportunity Gap for Children Across Contra Costa County

While many kids in Contra Costa County are thriving, others lack basic health, education, and financial supports they need for well-being and long-term success. Since countywide statistics can mask such issues, regional data is useful for highlighting disparities and targeting resources. It's especially critical to provide supports to those who are born into structural inequities such as kids of color, children living in poverty, kids in foster care, and dual-language learners. The statistics below show that some children in the county have far fewer opportunities to succeed than others.¹

Demographic Overview²

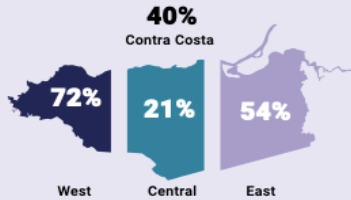
- Black
- Asian
- Latino
- White
- Other³
- 2+ Races



Child poverty varies widely across the county.⁴

Low-income students

Students who are eligible for free & reduced-price meals, with family annual income under \$46,500.⁵



Without additional supports, poverty can limit kids' opportunities.⁶

Childhood poverty is linked to:

- worse academic outcomes
- food insecurity
- toxic stress

Too many kids are entering school with tooth decay, especially in West and East county.

Percent of kindergarteners with reported tooth decay.⁷

- 18% Contra Costa
- 25% West
- 13% Central
- 25% East

Children with untreated oral health problems are at risk for:

- increased absences
- lower grades
- low self-esteem
- trouble sleeping
- difficulty eating
- weakened immune system

Children are more likely to suffer from uncontrolled asthma when it is difficult to access preventive health care.

This means that more kids visit the emergency room for chronic asthma. Poor air quality and other factors also contribute to childhood asthma.

Average number of children's ER Visits for asthma, 2009-16 per 10,000⁸

- 82 Contra Costa
- 126 West
- 49 Central
- 107 East

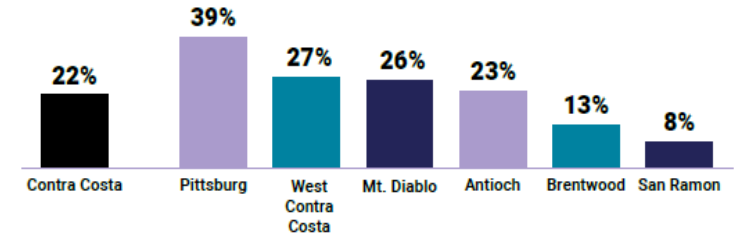
Children with regular health care are more likely to:

- do better in school and miss fewer days
- graduate from high school and go to college
- earn more money as adults
- have fewer emergency room and hospital visits as adults

Percent of children *not* ready to start school.¹⁰

Too many kindergarteners are not ready for school, particularly in some districts.

Children who are behind when they start kindergarten may fall further and further behind (e.g., see 3rd grade reading, below).⁹



Too many 3rd-graders are reading below grade level, especially in West and East County.



3rd-grade reading is linked to 9th-grade outcomes, high school graduation, and college enrollment rates. This indicator offers an opportunity for targeted interventions with at-risk students while they are still in elementary school.

The percent of 3rd-graders reading *below* grade level reflects large regional disparities.¹¹

- 29% Contra Costa
- 46% West
- 21% Central
- 35% East

Economically disadvantaged 3rd-graders are **3x** more likely than non-disadvantaged 3rd-graders to read below grade level.

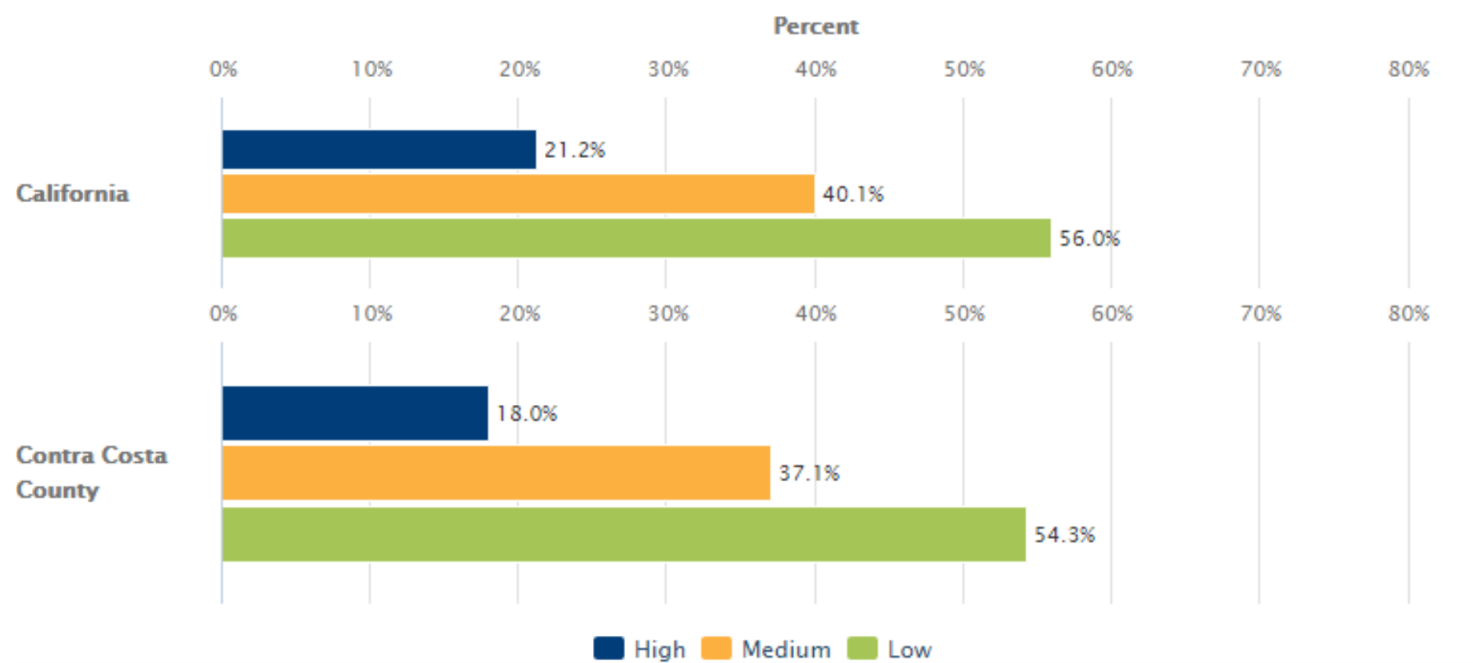
Racial disparities are enormous. Black (49%), Latino (43%), & Pacific Islander (38%) 3rd-graders are **2-3x more likely** to read below grade level than their White (16%) peers across the county.

#CloseTheGapCCC



Depression-Related Feelings, by Level of School Connectedness: 2017-2019

(Level of School Connectedness: All; Student Response: Yes)



Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by level of school connectedness (e.g., in 2017-2019, 56% of California students in grades 7, 9, 11, and non-traditional programs with low levels of school connectedness had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](#), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

Depression-Related Feelings, by Race/Ethnicity: 2017-2019 (Race/Ethnicity: **All**; Student Response: **All**)

| California | Percent | |
|----------------------------------|---------|-------|
| | Yes | No |
| African American/Black | 28.6% | 71.4% |
| American Indian/Alaska Native | 33.6% | 66.4% |
| Asian | 31.2% | 68.8% |
| Hispanic/Latino | 34.4% | 65.6% |
| Native Hawaiian/Pacific Islander | 34.1% | 65.9% |
| White | 31.6% | 68.4% |
| Multiracial | 36.4% | 63.6% |
| Other | 29.7% | 70.3% |

| Contra Costa County | Percent | |
|----------------------------------|---------|-------|
| | Yes | No |
| African American/Black | 27.4% | 72.6% |
| American Indian/Alaska Native | 25.3% | 74.7% |
| Asian | 28.6% | 71.4% |
| Hispanic/Latino | 32.1% | 67.9% |
| Native Hawaiian/Pacific Islander | 35.6% | 64.4% |
| White | 26.3% | 73.7% |
| Multiracial | 32.4% | 67.6% |
| Other | 22.1% | 77.9% |

Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by race/ethnicity (e.g., in 2017-2019, 34.4% of Hispanic/Latino students in grades 7, 9, 11, and non-traditional programs in California had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](https://kidsdata.org), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

Depression-Related Feelings, by Sexual Orientation: 2017-2019 (Sexual Orientation: **All**; Student Response: **All**)

| California | Percent | |
|--------------------------|---------|-------|
| | Yes | No |
| Sexual Orientation | | |
| Gay / Lesbian / Bisexual | 67.3% | 32.7% |
| Straight | 29.1% | 70.9% |
| Not Sure | 49.9% | 50.1% |

| Contra Costa County | Percent | |
|--------------------------|---------|-------|
| | Yes | No |
| Sexual Orientation | | |
| Gay / Lesbian / Bisexual | 63.5% | 36.5% |
| Straight | 25.2% | 74.8% |
| Not Sure | 42.3% | 57.7% |

Definition: Estimated percentage of public school students in grades 7, 9, 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by sexual orientation (e.g., in 2017-2019, 67.3% of gay, lesbian, and bisexual students in grades 7, 9, 11, and non-traditional programs in California had depression-related feelings in the previous year).

Data Source: [As cited on kidsdata.org](https://www.kidsdata.org/), WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education (Aug. 2020).

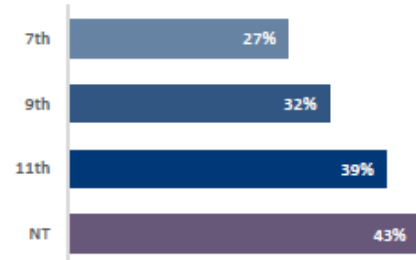
2019-2020

California Healthy Kids Survey Results Highlights

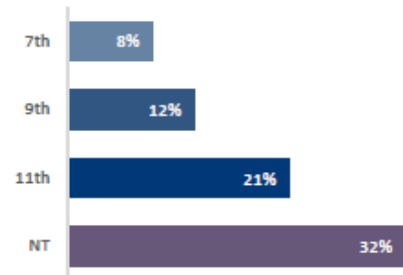
Contra Costa

Mental Health

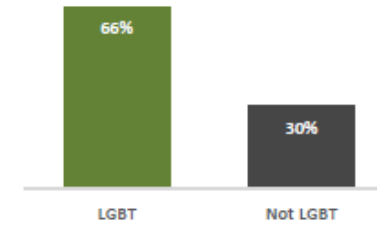
% of students who reported *chronic sadness or hopeless feelings* in the last 12 months



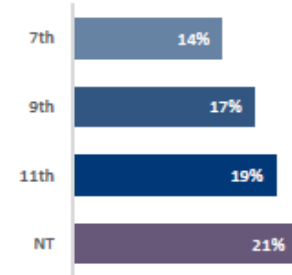
% of students who reported *being absent from school* for feeling sad, hopeless, anxious, stressed, angry, or not feeling safe at school



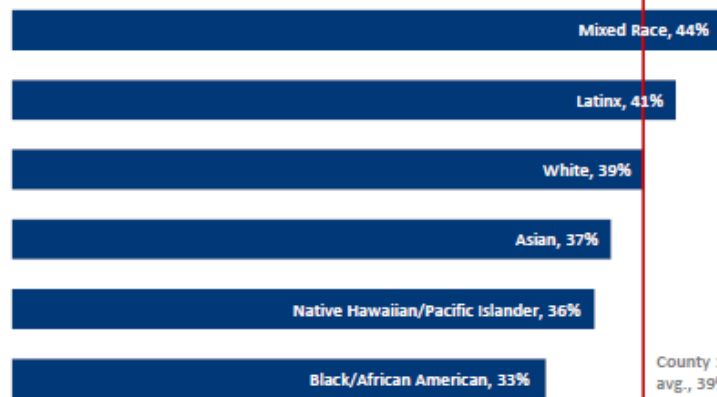
% of **LGBT** students who reported *chronic sadness or hopeless feelings* in last 12 months



% of students who reported *seriously considering attempting suicide*



% of **11th grade** students who reported chronic sadness or hopeless feelings by Race/Ethnicity



County 11th grade avg., 39%

Overview of existing services

BHS Children's contracts with nine organizational providers to deliver on-site mental health services at 70 schools

Bay Area Community Resources
Community Health for Asian Americans
Familias Unidas
Seneca
Fred Finch
West Contra Costa USD
Mt Diablo USD
Lincoln Child Center
La Cheim
James Morehouse

Overview (continued)

- **MHSA/Prevention & Early Intervention Services**
 - Awareness and Mental Health Education
 - Support Groups
- **Public Health school-based physical health & mental health services**

Mental Health Student Services Act (MHSSA) Grant

- **With the 2019/2020 budget bill Governor signed SB75/MHSSA (\$80 Mio)**
- **Purpose: to establish mental health partnerships between county behavioral health departments, school districts, charter schools and county offices of education.**

Contra Costa MHSSA Application

Application established a collaborative between

- **County Behavioral Health**
- **Contra Costa Office of Education**
- **All 18 school districts**

- **Budget bill of 2021/2022 allocated additional funds to MHSSA (\$205 Mio)**
- **Second round of awards in June 2021 included Contra Costa**
- **6 Mio over 4 years**
- **Start date of September 2021**

Program Goals

- **Prevent mental illness from becoming severe and disabling**
- **Improve timely access to services for the underserved**
- **Outreach to families, employers, primary care providers, and others to recognize early signs of potentially severe and disabling mental illnesses**
- **Reduce the stigma associated with mental illness**
- **Reduce discrimination against those with mental illness**
- **Prevent negative outcomes in the targeted population**

Wellness in Schools Program (WISP)

Tiered approach

- **Tier 1: Prevention**
- **Tier 2: Parent/student support**
- **Tier 3: Intensive caregiver/student support**

| | Tier 1: Baseline Preventative Behavioral Health Training & Technical Assistance | Tier 2: Moderate Parent/Caregiver & Student Support | Tier 3: Intensive Parent/Caregiver Support |
|--------------------------|---|--|--|
| Target Recipients | 100% of students and their families | Students identified with moderate behavioral health concerns and their families | Students identified with acute behavioral health concerns and their families |
| Mechanisms | <ul style="list-style-type: none"> ▪ Teacher and staff training ▪ Mental health awareness communications ▪ Technical assistance to schools for Wellness Centers and establishing screening mechanism | <ul style="list-style-type: none"> ▪ Scale up existing PEI-funded parent/caregiver support program ▪ Establish student mental health support groups ▪ Parent Champions provide navigation support in each school district | <ul style="list-style-type: none"> ▪ One-on-one navigation support for parents/caregivers ▪ Expand existing PEI- and MediCal-funded direct mental health services in high-need or underserved school districts |
| Goal | Increase capacity of teachers and staff across all County school districts to identify and escalate behavioral health concerns | Equip parents/caregivers to proactively address emerging behavioral health concerns before they increase in severity | Ensure that families successfully access needed behavioral health services and supports |

WISP (continued-1)

- **1 WISP Program Manager and 4 WISP Liaisons (one for each region, under the umbrella of Office of Education)**
- **Expertise to navigate both, education and health systems**
- **Collaborate with district liaisons to deliver mental health awareness trainings**
- **Provide technical assistance to establish, expand, improve wellness centers**
- **Establish mechanisms for screening of risk factors for trauma and other mental health conditions**
- **Expand Prevention & Early Intervention contracts to expand parent education and support groups in schools**
- **Train and mentor parent champions for parent support**
- **Foster and Homeless Youth Navigator**
- **Expand school-based mental health contracts for direct services**

WISP (continued-2)

- **Governing Group**
- **School Based Mental Health Collaborative**
- **Youth Mental Health Coalition**

School-Linked Incentive Program Funds

- **550 Mio over 2 years**
- **Adds Contra Costa Health Plan (CCHP) as a key partner to the collaborative**
- **Leverage and build on MHSSA grant implementation planning**

School-Linked Incentive Program Funds (2)

- **Initiative aims to transform the Behavioral Health system into an innovative ecosystem that focuses on children and youth under age 25**
- **Fosters school linked partnerships between community, Behavioral Health Services and Managed Care Plans**
- **MCPs are required to implement interventions that expand access to preventive, early intervention and BH services for children K-12**
- **Development of evidence-based BH program for success**
- **State-wide fee schedules for school linked services from DHCS**

Building the Framework for School Based Behavioral Health

