

AGENDA
SACRAMENTO COUNTY YOUTH COMMISSION
Sacramento County Administration Building
700 H Street, Hearing Room 2
Sacramento, CA 95814
(Members may participate via teleconference)

MONDAY

NOVEMBER 7, 2022

6:15 PM

Commissioners: Braydon Medlin, District 1 Appointee (Secretary); Kayli Huang, District 1 Appointee (Vice Chair); One Vacancy, District 1 Appointee; Three Vacancies, District 2 Appointees; Diana Haus, District 3 Appointee; Two Vacancies, District 3 Appointees; Bianca Brown, District 4 Appointee (Chair); Mythreyee Shankara, District 4 Appointee; Abhiroop Khera, District 4 Appointee; Three Vacancies, District 5 Appointees

PUBLIC COMMENT PROCEDURES

The County fosters public engagement during the meeting and encourages public participation, civility and use of courteous language. The County does not condone the use of profanity, vulgar language, gestures or other inappropriate behavior including personal attacks or threats directed towards any meeting participant. In compliance with directives of the County, State, and Centers for Disease Control and Prevention (CDC), the meeting is live stream and open to public attendance pursuant to health and safety guidelines. The practice of social distancing and wearing of face coverings (mask or shield) is recommended for the health and safety of all persons participating in person during the meeting although it is not required.

In-Person Public Comment

Speakers will be required to complete and submit a speaker request form to Clerk staff. The Chairperson will invite each individual to the podium to make a verbal comment.

Written Comment

Contact information is optional. Written communication is distributed, published and filed in the record.

- Send an email comment to BoardClerk@sacounty.gov. Include meeting date and agenda item number or off-agenda item.
- Mail a comment to 700 H Street, Suite 2450, Sacramento, CA 95814. Include meeting date and agenda item number or off-agenda item.

PARTICIPATE IN MEETING

The meeting will be held via teleconference and in person and will not be live streamed. Members of the public may listen and make public comments by calling the teleconference number below:

- Teleconference (audio only) dial: (669) 254-5252 (Conference ID: **160 021 1580** and ## to join)

MEETING MATERIAL

The on-line version of the agenda and associated material is available at <http://sccob.saccounty.gov> (click "Public Meetings" and "Youth Commission"). Some documents may not be posted on-line because of size or format (maps, site plans, renderings). Contact the Clerk's Office at (916) 874-5411 to obtain copies of documents.

ACCOMMODATIONS

If there is a need for an accommodation pursuant to the Americans with Disabilities Act (ADA), medical reasons or for other needs, please contact the Clerk of the Board by telephone at (916) 874-5411 (voice) and CA Relay Services 711 (for the hearing impaired) or Boardclerk@saccounty.gov prior to the meeting.

CALL MEETING TO ORDER

1. Welcome And Introductions
2. Sacramento County District Events
3. Review Of Board Of Supervisors Agendas And News Article Discussion
Led By:
 - October – Abhiroop Khera
 - November– To Be Assigned
4. Subcommittee Updates
 - Distracted Driving
 - Environmental Care
 - Mental Health, Including Discussion Of Youth Commissioner Participation In The Sacramento County System Of Care Youth Mental Health Conference
 - Voter Pre-Registration
5. Adoption Of 2023 Meeting Calendar (Action Item)

6. Youth Commission Advisor Comments
7. Youth Commissioner Comments
8. Public Comment On Non-Agenda Items

Adjourn

**Sacramento County
Children's System of Care Committee**

**ANNOUNCEMENT – TELECONFERENCE MEETING
October 27, 2022, 4:00PM – 6:00PM**

In compliance with County, State, and Centers for Disease Control and Prevention (CDC) directives related to the COVID-19 public emergency, this meeting will be held remotely.

Members of the public are encouraged to health participate in the meeting telephonically by calling (669) 254-5252, then entering Meeting ID: 160 366 0778 and Password: 561672. This meeting may also be accessed through Zoom using the following web address:

<https://www.zoomgov.com/j/1603660778?pwd=VjIIRRzJHMEdOcFloS3pMNjIRMWZaUT09>

Public comments may be given verbally at the designated time during the meeting. Members of the public may also submit written comments electronically to Basinag@saccounty.gov, or by US Postal Service to 7001-A East Parkway, Suite 400, Sacramento, CA 95823. Public comments will be accepted until the adjournment of the meeting, distributed to MHB members, and included in the record.

AGENDA

AGENDA ITEM	PRESENTER	TIME
1. Welcome, Introductions and Purpose	Silvia L. Rodriguez, Chair Children's Systems of Care	4:00PM. to 4:05PM
2. Review of School-Based Mental Health Report: Phase II	Ann Arneill	4:05PM to 4:35PM
3. Public Comment	All	4:35PM to 4:45PM
4. Kick-Off Youth Mental Health Conference	Silvia L. Rodriguez All	4:45PM to 5:45PM
5. Other Announcements and Reminders	Silvia L. Rodriguez	5:45PM to 6:00PM
6. Adjournment	Silvia L. Rodriguez	6:00PM

Electronic or hard copies of documents are available upon request. Please contact Glenda Basina at BasinaG@saccounty.gov or (916) 875-4948. Electronic copies of documents will be emailed upon request and hard copies of documents may be picked up at 7001-A East Parkway, Sacramento, CA 95823. For more information regarding the Sacramento County Mental Health Board, please visit our website at [Mental Health Board Homepage](#). If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker prior to the scheduled meeting at (916) 875-3861 or at RuckerA@saccounty.gov.

Improving the Process of Referrals from Schools to Specialty Mental Health Services

Sacramento County Mental Health Board

Date

The Children's System of Care (CSOC) Committee of the Sacramento County Mental Health Board (MHB) decided to study the effectiveness of school-based mental health services in the county early in 2020. It issued its report, "Improving School-based Mental Health Services in Sacramento County," in February 2022.¹ In April 2022, the committee began Phase 2 of this project: reviewing the process for referring students from schools to specialty mental health services provided by Sacramento County Behavioral Health Services (BHS).

Methodology

The committee consulted with BHS staff about problems with the referral process between school personnel and BHS Access and subsequent engagement of families with community-based agencies. To explore the issue, the committee:

- Had presentations to examine nature of the problems and solicit recommendations from a variety of stakeholders. The list of presenters is provided in Appendix A:
 - ✓ School district personnel
 - ✓ Community-based agencies
 - ✓ Legal aid attorney
 - ✓ LGBTQ advocate
 - ✓ Community education advocates
 - ✓ BHS staff
- Obtained data from BHS Research Evaluation and Performance Outcomes

School-based Mental Health Services

Schools serve as the de facto mental health system for children in the United States. Addressing mental health concerns and social and emotional skills in preK-12 is an effective way to support academic success and to intervene early so as to prevent more serious mental health concerns later in life. Providing these services within schools increases the likelihood of children and adolescents receiving needed services, thus better ensuring academic and life success.

California's Multi-Tiered System of Support (MTSS) is the model for providing school-based mental health services. It focuses on aligning initiatives and resources within an educational organization to address the needs of all students. It is an integrated, comprehensive framework for local educational agencies that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. The MTSS Model organizes school-based mental health services into three tiers such that students in Tier 1 receive universal preventive services; in Tier 2 they receive more selective prevention services; and in Tier 3 they receive intensive services, including referral to BHS mental health service providers.

¹ <https://dhs.saccounty.gov/BHS/Documents/Advisory-Boards-Committees/Mental-Health-Board/MHB-Reports-and-Workplans/RT-MHB-2022-School-Based-MH-Report.pdf>

Need for School-based Mental Health Services

Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day. Among the more common mental disorders that can be diagnosed in childhood according to the Centers for Disease Control and Prevention (2021) are attention deficit hyperactivity disorder (ADHD) affecting 9.4% of children 2-17 years; anxiety affecting 7.4% of children 3-17 years; depression affecting 7.7% of children 3-17; and behavior disorders affecting 3.2% children 3-17 years.

Suicide is the second leading cause of death among 14-24 year olds in California. The suicide rate in Sacramento County is 13.2 per 100,000; in California it is 10.7 per 100,000 (California Department of Public Health, 2019). The suicide rate for Black children age 5-12 is two times that of their white peers (Briscoe, 2020). Between 2007-2017, inpatient visits for suicide, suicidal ideation, and self-injury increased 104% for children ages 15-24 (Briscoe, 2020).

The California Department of Education annually conducts the California Healthy Kids Survey (CHKS) in the schools, which provides a thorough understanding of the scope and nature of student behaviors, attitudes, experiences, and supports.

The results from the CHKS for Sacramento County's individual school districts paint a disturbing picture about the mental health of middle and high school students in Sacramento County. Students of all race/ethnicities at four of these school districts had elevated levels of chronic, sad, or hopeless feelings. They exceeded 35% of the students reporting and sometimes reached the mid-40% range. For specific race/ethnicities, Hispanic or Latino and Mixed races, students had especially elevated percentages of these feelings. At all school districts, females stood out in every instance as having problems with their percentages averaging 45-50%.

For suicidal ideation, White, Hispanic or Latino, and Mixed races students are at highest risk of suicidal ideation. For White students, the percentage reporting suicidal ideation ranged from 19-24%. For Hispanic or Latino students, the percentage ranged from 21-24%. The percentage for Mixed races students ranged from 20-25%. Females at all school districts stand out as being at risk with their percentage of suicidal ideation ranging from 20-25%.

The results are very concerning for nearly all special populations, including youth in foster homes; who are homeless; who have the Gender Identity of Transgender or Not Sure if Transgender; and the Sexual Identity of Lesbian, Gay, or Bisexual (L/G/B). The percentages for chronic, sad, or hopeless feelings in past 12 months for youth in foster homes or youth who are homeless are in the mid-40% range. For youth in the Gender Identity and Sexual Orientation categories, the percentages are much higher in the mid-50%'s and ranging up to 65-70%.

Improving the Referral Process

The results for suicidal ideation among the special populations is especially concerning. They are in the 35-40% range for youth in foster homes. For homeless youth in the 11th Grade, they are approximately 40%. For Transgender youth, they reach 56%. For youth with a Sexual Orientation of L/G/B, the percentage ranges from 45%-50%.

Enrollment in Sacramento County School Districts

An examination of school district enrollment data and county Medi-Cal data provides a perspective on school referrals. According to data in Table 1 below, 242,798 students were enrolled in Sacramento County school districts in 2021-22.

Table 1: Enrollment in Sacramento County School Districts, 2021-22

School District	Enrollment
Elk Grove Unified	63,041
San Juan Unified	49,220
Sacramento City Unified	43,830
Twin Rivers Unified	32,514
Folsom Cordova Unified	20,344
Natomas Unified	16,093
Center Joint Unified	4,102
Galt Joint Union Elementary	3,297
Sacramento County Office of Education	2,801
Robla Elementary	2,401
River Delta Joint Unified	2,241
Galt Joint Unified High	2,204
Archoe Union Elementary	464
Eleverta Joint Elementary	246
Total	242,798

Source: Sacramento County Office of Education

Table 2 presents the number of Medi-Cal eligibles per month in Sacramento County. There are 139,618 school age children 6-17, which means 57.5% of the children in the Sacramento County school districts are Medi-Cal eligible. If these children meet the definition of medical necessity for Medi-Cal specialty mental health services, they can be referred by the schools to BHS for treatment.

Table 2

Medi-Cal Eligibles in Sacramento County, Calendar Year 2021

Age Group	Average Number of Eligibles per Month
0-5	64,795
6-17	139,618
18-59	308,422
60+	80,087
Total	592,920

Source: BHS Research Evaluation and Performance Outcomes

Improving the Referral Process

Earlier in the report, we cited data on the rates of mental disorders for children and youth ranging from 3% to 9% with suicide rates in Sacramento County exceeding that for California. In addition, the CHKS reports significant percentages of students with chronic, sad, or hopeless feelings and rates of suicidal ideation exceeding benchmarks for age groups and race/ethnicities. These results are even more significant for special populations, such as homeless, transgender, and LGB youth. Given this prevalence of mental health problems, higher rates of referrals from schools would be expected than the proportion shown in Table 3 below. Out of potentially 139,000 Medi-Cal eligible students, in FY 2018-19 school made 1,151 or 8.4% of referrals, and in FY 2019-20 they made 1,462 or 10.0% of referrals.² Table 4 shows the number of school-age Medi-Cal beneficiaries who were serviced by BHS with 8,223 6-17 year olds served in FY 2021-22.

Table 3: Access Referrals by Referral Source

	FY 17/18		FY 18/19		FY 19/20		FY 20/21	
	#	%	#	%	#	%	#	%
Alcohol and Drug Services	2	0.01	0	0.0	0	0.0	49	0.3
Caregiver	4385	26.7	3905	28.6	4181	28.7	2743	19.3
CPS	2634	16.1	2086	15.3	2378	16.3	2609	18.3
GMC	366	2.2	496	3.6	341	2.3	298	2.1
Hospital	691	4.2	485	3.5	482	3.3	534	3.8
Other	1002	6.1	808	5.9	942	6.5	1658	11.6
Out of County Request	483	2.9	417	3.0	384	2.6	141	1.0
Primary Care	34	0.2	23	0.2	21	0.1	15	0.1
Probation	198	1.2	169	1.2	203	1.4	160	1.1
School	1583	9.7	1151	8.4	1462	10.0	602	4.2
Self	463	2.8	309	2.3	325	2.2	623	4.4
Service Provider	4557	27.8	3828	28.0	3870	26.5	4808	33.8
TOTAL	16398	100.0	13677	100.0	14589	100.0	14240	100.0

Source: BHS Research Evaluation and Performance Outcomes

Table 4: Medi-Cal Beneficiaries by Age

	FY 17/18		FY 18/19		FY 19/20		FY 20/21	
	#	%	#	%	#	%	#	%
0-5	762	6.9	907	8.7	762	6.7	859	8.2
6-8	1634	14.9	1646	15.9	1553	13.7	1425	13.6
9-11	2220	20.2	2173	20.9	2215	19.6	1922	18.3
12-14	2281	20.8	2294	22.1	2525	22.3	2452	23.4
15-17	2435	22.2	2176	21.0	2520	22.3	2424	23.1
18+	1644	15.0	1181	11.4	1726	15.3	1393	13.3
TOTAL	10976	100.0	10377	100.0	11301	100.0	10475	100.0

Source: BHS Research Evaluation and Performance Outcomes

² Referrals for FY 2021-22 are not going to be commented on because of the effect that distance learning during the COVID-19 pandemic had on school referrals.

RECOMMENDATION

1. Issues and factors related to the relatively low proportion of referrals made by schools for Tier 3 students to specialty mental health services should be studied by the MHB's CSOC Committee in a subsequent study.

Specialty Mental Health Services for Children and Youth with Serious Emotional Disorders

BHS provides Flexible Integrated Treatment (FIT) Services to children and youth with serious emotional disorders. These services are provided by community-based mental health agencies that contract with BHS. FIT services consist of the following:

- Assessment
- Case management
- Intensive Care Coordination for children involved with multiple systems
- Support parents to help address their child's mental health needs
- Facilitate Child and Family Team meetings
- Advocates/Advocacy
- Crisis intervention 24/7 through [The Source](#) 916-SUPPORT
- Intensive home based services (IHBS)
- Medication support
- Plan Development
- Individual and Group Therapy
- Psychoeducation
- Rehabilitation

Services also address a family's housing needs.

Flexible Housing Supports:

- Address stressors that affect mental health
- Landlord Mediation
- Support with housing searches
- Address issues in the home that affect housing stability
- Address housing issues that negatively impact mental health

Financial Assistance with Housing:

- Rental Assistance
- Hotel/Motel Payment (Sheltering)
- Security Deposits
- Utilities
- Building Maintenance and Repair
- Credit Repair Fees
- Housing Document Readiness
- Moving Expenses
- Furniture
- Other Household Goods

Process for School Personnel to Access Specialty Mental Health Services from BHS

1. School personnel call with or on behalf of student or submits a Service Request form online
2. Access Administrative Staff obtains information over the phone or from online Service Request form, starts a Service Request in the BHS electronic record system, Avatar, and assigns the Service Request to an Access Clinician
3. Clinician calls client or caregiver identified on Service Request

Path One—Call Not Answered

1. Clinician completes notes on Service Request and sends Unable to Contact (UAC) Letter requesting call from client/caregiver
2. Clinician makes follow up call to client/caregiver within 10 business days and 14 calendar days
3. If call not answered, Clinician dispositions Service Request as UAC and closes request

Path Two—Call Answered

1. Clinician completed Service Request with client/caregiver and links to provider if medical necessity and agreement for services is confirmed
2. When fully staffed, Clinician makes follow up call to referring party (as identified on the Service Request) to confirm linkage or no linkage due to not meeting medical necessity or not interested in services

RECOMMENDATION

1. When fully staffed, Access clinicians should make follow up calls to referring parties at schools when a service request is closed as UAC because of all the communication barriers for families identified in this report. Referring school personnel may be able to facilitate parents contacting Access.

Multiple Systems Providing Mental Health Services to Children and Families

Three separate systems provide different levels of care to children and families:

- Medi-Cal managed care plans (MCPs) provide services to children and youth categorized as having low-moderate mental health needs
- BHS specialty mental health services are provided to children and youth who are seriously emotionally disturbed (SED)
- Special education services through Individualized Educational Plans (IEPs) are provided by the school system

Legal Aid of Northern California staff in its presentation describes a situation in which the various systems play “hot potato” and point fingers back and forth about who is responsible for a student’s care. Students are supposed to receive services while the dispute is being resolved. But currently while that decision is pending, children potentially categorized as with serious emotional disturbances do not receive care.

There are different dispute resolution processes:

- Parents have access to the Medi-Cal Fair Hearing process, but that is a very slow process
- BHS and MCPs engage in a dispute resolution process that one of them would initiate. BHS's Quality Management Department conducts the dispute resolution process. BHS and the MCPs are in process of updating MOUs related to coordination of care.

BHS is developing a universal screening tool. The goal is to have it available in one year. It is currently piloting an assessment tool developed for the newly designed Medi-Cal system, CalAIM. It would be used by all referral sources, which would help with coordination and linkage to care:

- Sacramento County Office of Education(SCOE)/School districts
- MCPs
- BHS Access

RECOMMENDATIONS

1. Develop family education materials that schools would provide to parents when schools are making referrals of students to BHS
 - BHS provides on-line access to its resource directory for outpatient services and Mental Health Services Act Prevention and Early Intervention Programs (PEI). This directory includes target populations, languages spoken, a weblink to the providers
 - ✓ Outpatient providers
<https://dhs.saccounty.gov/BHS/Documents/MHP-MediCal-Providers/LI-MHP-Medi-Cal-Provider-List-English.pdf>
 - ✓ PEI providers
<https://dhs.saccounty.gov/BHS/Documents/MHP-MediCal-Providers/LI-PEI-and-MH-Respite-Services-Provider-List-English.pdf>
2. BHS and MCPs need to include in their MOU who is going to provide mental health services to children while disputes are being resolved.

Disconnects Between School Referrals and Engagement with Providers

The CSOC Committee met with BHS staff to discuss the functioning of the referral process between school personnel and Access for Tier 3 students needing specialty mental health services and then their subsequent referral to a community-based provider. The committee wanted to know if there were any problems with parents and children in need of mental health services successfully completing this process. Three disconnects were identified:

- Disconnect 1: If school personnel make the referral, parents may not realize the referral has been made or may not be open to the referral when the Access Team calls them
- Disconnect 2: If the school instructs the parent that their child needs mental health services, the parent may not follow through and contact the Access Team

Improving the Referral Process

- **Disconnect 3:** If the Access Team determines the child is eligible for mental health services, the parent/child has to follow through and attend the appointment when the provider reaches out to them for the first contact

The committee asked all the presenters to comment on these disconnects and make recommendations to address them.

Disconnect 1: If school personnel make the referral, parents may not realize the referral has been made or may not be open to the referral when the Access Team calls them

Rachel Rios, Executive Director of La Familia, said in her presentation that parents always need to know that students are being referred to Access. At Sacramento City Unified School District (SCUSD), school policy requires consent from a parent to complete a referral. They recommend not to make referrals without initial parent buy-in. At Center Joint Unified School District, there is no disconnect for the parents in realizing the referral has been made because Student and Family Support Center staff follow up with parents to provide a warm hand off to Access.

RECOMMENDATION

1. BHS Access staff should work with school personnel to encourage them to have a policy of making a warm hand off to Access when they find that parents are not assisted in making the Access referral contact.

Disconnect 2: If the school instructs the parent that their child needs mental health services, the parent may not follow through and contact the Access Team

A variety of barriers exist for families in completing telephone contact with Access. For example, when Access calls the phone number that is displayed on the phone it is blocked. Many people do not answer blocked calls and, thus, may miss the call from Access.

Other forms of communicating with families are effective. During the COVID-19 pandemic, SCUSD switched to cell phones and texting families and found it increased parent/caregiver engagement significantly. La Familia staff also use text messages to communicate with families. River Oak Center for Children uses texting for setting up appointments. It is going to start using a HIPAA compliant app by Clicksoftware with staff.

One reported barrier that discourages parents in following through with referrals is lengthy hold times to get through to Access. This barrier is difficult to address. Access is staffed with 15 Senior Mental Health Counselors (Licensed); 7 are employed currently with 4-5 actually available daily due to absences, vacations, etc. Access is affected by the chronic behavioral health workforce shortage in the mental health system statewide.

Sacramento is experiencing a workforce crisis. According to Shari Green, Division Manager, Children and Youth, Sacramento County BHS, licensed professionals are leaving the public mental health sector to work as a telehealth provider over the internet

while they work from home. Additionally, the Sacramento County Office of Education (SCOE) program is hiring licensed mental health clinicians in the schools, which is creating competition for a limited hiring pool. SCOE can offer better salaries and more time off compared to community-based organizations and Sacramento County programs. This problem also exists with private sector employers, such as Kaiser. To address the issue, BHS gave significant contract increases to support salary increases, but it is still difficult to compete.

Ensuring that families complete the referral process can be facilitated by more interaction between Access staff and the school personnel making the referrals. Schools generally have the trust and connection to families that can be used to help link children to county mental health services. The current system does not provide a feedback loop to schools who refer families so the schools can follow up with families that are referred to Access and do not follow up. Reaching out to the referring party can help mitigate the barriers and encourage families to follow through with their mental health referral. School staff can also coach families on replying, such as answering blocked phone numbers.

Families have 10 business days and 14 calendar days to complete the referral process. If the contact is not completed within that time period, the referral is deemed Unable to Contact, and the Service Request is closed. Because of the various barriers that the presenters cited, a recommendation was made extend the period for how long a referral can stay open. Discussions with BHS resulted in the conclusion that this alternative was not possible because of the Quality Management timeliness standard adopted to comply with Department of Health Care Services guidelines. This timeliness standard requires that the time period between request for service and the initial service offered and/or provided will be 10 business days or less. BHS added that if a parent/caregiver calls in after a Service Request has been closed due to Unable to Contact, opening a new Service Request is very easy because BHS staff have reference to the previous one.

RECOMMENDATIONS

1. Communication with parents: Use text messaging to communication in multiple languages. It is the communication method that parents prefer, and it gets around the phone number blocking problem.
2. Access Clinician/Team member should reach out to the school referral source via call/text if unable to make contact with the family so school personnel can facilitate follow up.³
3. School clinicians should educate youth and families on the available resources. This way when Access calls families, they are ready for the next step.⁴

Disconnect 3: If the Access Team determines the child is eligible for mental health services, the parent/child has to follow through and attend the appointment when the provider reaches out to them for the first contact

³ See Recommendation 1 on page 7

⁴ See Recommendation 1 on page 8.

Improving the Referral Process

There are many ways to establish and promote engagement, which will ensure that parents make the first appointment and have their child attend that first appointment and continue to receive services:

- Prompt scheduling of initial appointments
- Providing mental health services on campus
- Referrals to specific providers
- Families directly accessing community-based agencies

Prompt scheduling of initial appointments

La Familia clinicians contact the family within the first 24 hours of receiving the referral and schedule an appointment within 3 days. To help parents keep their first appointment and stay engaged, River Oak Center for Children (ROCC) engages the referral source and the parent/caregiver within the first day they are referred to the agency. “No shows” and lack of engagement increase the more days that pass in between the identified need and the start of services. They schedule an intake as soon as practical and try to assign it to a staff who is assigned to the school.

ROCC reports that doing an intake remotely over a telehealth platform with the parent sometimes increases their availability and engagement (of course depending on their resources). They also can do intakes at their home or at the school. They talk to families early about the importance of parent engagement as part of treatment efficacy. The more engaged they are the better the treatment outcomes. They endeavor to bring hope to parents.

Providing mental health services on campus

ROCC described their mental health services, which are mostly provided on school campuses

- One therapist is assigned to each school
- Appointments are offered at the school from the start of services
- Unless judged as inappropriate or the family prefers not to, every kind of assessment and therapy are provided in the school to school-based clients as to any other clients
- Services continue to be provided during school vacations in the ROCC office or the home
- The therapist, with permission from the family, consults with school staff about factors contributing to the client’s difficulties and ways to improve the client’s school functioning. Since the pandemic, providing services by telehealth has been added
- Therapists can participate in school meetings and hearings, in person or remotely to address the interplay of the client’s emotions and behaviors with their learning
- Therapists can be with the student in class, playground, or lunchroom and coach them on how to manage their feelings or how to interact with others in the moment
- Therapists can interview teachers about the student’s functioning, and observe them throughout the day to get a better idea of what is going well and where the client is struggling
- Therapists can spend the time to help forge better communication between the parents and school personnel as they mutually support the student
- Have resources dedicated to helping families find long-term solutions to housing insecurity.
- Have a high ratio of Family and Youth Advocates in order to help navigate systems such as education, health care, and more.

Improving the Referral Process

Benefits of providing mental health services on campus

- Helpful to families because it's convenient for them
 - Parents working afterschool hours is a barrier to making appointments in an office
 - Many single parent families and dual working families do not have time off or feel comfortable requesting time off for appointments in the office
- Parents don't have to find transportation to a provider's office
- It can be less daunting than taking one's child to a mental health center
- It can result in good mental health work with the kids because the therapist can get a sense of their strengths and difficulties with academics, authority, and peers
- It is also really helpful to develop relationships with school officials and teachers to collaborate with them and the family at the same time
- The family becomes part of a team at the school, so the child has support from the therapist, teacher, family support specialist, principal, etc.

To facilitate the provision of services on campus, ROCC has MOU's with school districts:

- SCUSD for 18 years
- Elk Grove Unified School District as of 2021-22
- San Juan Unified School District (working draft MOU on hold since COVID-19 pandemic)

The MOUs define the following:

- Description of services – type, length, location
- Record storage – ROCC retains all clinical documentation at its certified sites, not on school site
- Release of Information
- Responsibilities – district provides space, Wi-Fi, reasonable access to students on site. ROCC provides qualified clinicians as per county contract requirements
- Mutual indemnification and insurance requirements
- Department of Justice and Fingerprint requirements
- COVID testing and vaccination requirements (new for 2022)

These MOUs allow services to occur on campus and have streamlined approval and access points. However, it is not universal. Some schools allow access, and some do not. Some schools require TB tests and other clearances, and some do not. These inconsistencies impact timely services and are difficult on the workforce. Ultimately they affect the quality of care for children and youth.

Referrals to specific providers

Schools should be able to recommend specific providers for families. Telling a family it is being referred to a specific provider would create a better connection with the family and increase the likelihood the parent would follow through with making the first appointment. Similarly, letting the parent pick the provider would have the same effect. Rachel Rios from La Familia says this would increase the family's engagement.

Families directly accessing community-based agencies

Many barriers to following up with referrals relate to communication issues with Access and disconnects in the process of following through with the Access referral to the provider. These disconnects could be circumvented if parents could directly access

services from community-based agencies without having to be referred by Access. BHS is in the process of testing this approach with a Performance Improvement Project. It is being called a “No Wrong Door” policy.

RECOMMENDATIONS

1. BHS should develop best practices to recommend to FIT providers
 - Engage parents within 1st day of receiving a referral
 - Schedule appointment within 3 days
 - Do appointments at locations that optimizes parent engagement: home, school, telehealth, office
2. BHS and SCOE should develop model MOUs between community-based agencies and school districts to streamline access to schools across Sacramento County so mental health clinicians and peer advocates can have easy access to campuses for provision of services to students on campus
3. BHS should work with SCOE to ensure that schools implement consistent protocols for authorizing access for mental health staff to school campuses
4. Letting parents choose their provider may increase engagement. If the BHS Performance Improvement Project to test a “No wrong door” policy is successful, it should be implemented systemwide in the Children’s System of Care

Special Populations—LGBTQ+ Youth

The mental health referral process poses several problems for LGBTQ+ youth. First, it depends heavily on youth having trusted adults in their lives—particularly parents/guardians—to make the referral. However, the youth may need confidentiality from parents/guardians. The referral process could “out” them otherwise. In addition, the family may not be responsive to youth’s mental health needs. Parents may be apathetic or just overworked.

BHS accommodates LGBTQ+ youth not wanting parental involvement in their treatment. Access refers youth who are old enough to consent to their own services and who want confidential services without their caregivers’ involvement to the Child and Adolescent Psychiatric Services (CAPS) Clinic. CAPS services are funded using county dollars, giving access to youth and removing the barriers set up by Medi-cal. Medi-Cal requires parental consent in order for services to be reimbursable. CAPS offers a full array of outpatient mental health services and can provide those services confidentially as long as youth is old enough to consent to their own services.

Some other ways to remedy this confidentiality problem would be to put into practice ways for youth to self-advocate to make a referral for themselves without an intermediary:

- Provide a text line or social media direct messaging
- Ensure youth know the process is confidential and that disclosure will not out them to their parents
- Provide virtual counseling options for those without transportation

Another problem is the assumption that teachers are properly trained to identify students needing referrals. Identifying students who may need mental health services relies on

teacher discretion. For LGBTQ+ and BIPOC students, implicit bias may play a role in the likelihood of referral. There is also an assumption that parents, teachers, and youth are aware of mental health resources, and that is not always the case.

Providing alternatives to traditional mental health services can also be effective in meeting the service needs of LGBTQ+ youth. Certain nonprofits and other community organizations are available to provide care. For example, LGBTQ+ students may feel safer seeking counseling through the LGBT Community Center than through a governmental organization.

RECOMMENDATIONS

1. Provide implicit bias training for teachers and other school personnel
2. Provide information to LGBTQ+ youth about alternative organizations in the community they can use as a supplement to the school referral process
 - ✓ Publish a resource directory of alternative organizations with service descriptions and contact information
3. Develop marketing materials across all media platforms, including social media, informing all stakeholders, including students, about the continuum of mental health services in the public mental health system and how to access them⁵
 - Marketing media must properly represent the demographics of the community, including LGBTQ+, BIPOC, and linguistic diversity
4. Have BHS meet with community-based providers/advocates for LGBTQ+ youth to let them know about Access's policy for referring LGBTQ+ youth who do not want parental involvement in their treatment so that those youth will be more likely to access need mental health care

⁵ See Recommendation 1 on page 8.

Appendix A

Presenters

Laurie Clothier, Chief Executive Officer
Mary Bush, Youth and Family Support Director
River Oak Center for Children

Tracie Daubenmire, Program Specialist
Ryan Miranda, Program Coordinator
Student and Family Support Center
Center Joint Union School District

Hellan Dowden
Ad Hoc Mental Health in School Coalition

Victoria Flores, MSW
Director III Student Support & Health Services
Jacqueline Rodriguez, LCSW
Director I, Student Support & Health Services
Sacramento City Unified School District

Sheri Green
Division Manager, Children and Youth
Sacramento County Behavioral Health Services

Rob Kesselring, LPCC
Health Program Manager
Sacramento County Behavioral Health Services

Liza Thantranon, Regional Counsel
Legal Aid of Northern California

Rachel Rios, Executive Director
La Familia

Manuel Serrato
Director of Youth, Family, and Adult Programs
Sacramento LGBT Community Center

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Briscoe, A. (October 22, 2020). Reimagining Our Mental Health System to Achieve Equity and Healing for Children and Youth. California Children's Trust.

Centers for Disease Control, (March 22, 2021). Data and Statistics on Children's Mental Health. <https://www.cdc.gov/childrensmentalhealth/data.html>



Sacramento County Youth Commission 2023 Meeting Dates

Meeting Location:
700 H Street, Hearing Room 1
Sacramento, CA 95814

Regular meetings are held on a Monday and commence at 6:15 p.m.

January 9, 2023

February 6, 2023

March 6, 2023

April 3, 2023

May 1, 2023

June 5, 2023

July 3, 2023

August 7, 2023

September 18, 2023

October 2, 2023

November 6, 2023

December 4, 2023