



GETTING DOWN — TO FACTS II —

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Investments in Students' Physical and Mental Health in California's Public Schools

Randall Reback
Barnard College, Columbia University

About: The Getting Down to Facts project seeks to create a common evidence base for understanding the current state of California school systems and lay the foundation for substantive conversations about what education policies should be sustained and what might be improved to ensure increased opportunity and success for all students in California in the decades ahead. *Getting Down to Facts II* follows approximately a decade after the first Getting Down to Facts effort in 2007. This research brief is one of 19 that summarize 36 research studies that cover four main areas related to state education policy: student success, governance, personnel, and funding.

This brief summarizes the *Getting Down to Facts II* technical report, **Investments in Student Health and Mental Health in California’s Public Schools**, by Randall Reback, September 2018.

This and all GDTFII studies can be found at www.gettingdowntofacts.com.

Introduction

Children’s physical and mental health play critical roles in their development. Research shows that poor health in childhood adversely affects future success and that children in lower-income households are more likely to suffer health problems. Improvements in child health can lead to higher future economic growth and can improve the upward mobility of children from low-income families.

California’s financial commitment to health care, including greater access to Medicaid, has reduced but not eliminated health gaps associated with poverty. Insurance coverage alone does not ensure access to high-quality care. Some families do not live close to high-quality providers who accept their insurance, some may find it difficult to take time off from work to find care for themselves or their children, and some might lack the necessary information to seek out appropriate care.

Child mental health is also an increasingly important concern throughout the state due to rising rates of school shootings, teen hospitalizations for self-inflicted harm, and teen suicides. More than 7% of children in California suffer from a serious emotional disturbance, and more than one in five female high school students report experiencing suicidal thoughts.

Public schools can be a relatively desirable location for efficient and widespread distribution of physical and mental health services to children. However, California provides fewer physical and mental health services in schools than almost any other state.

This report explores access to school-site physical and mental health services available to the general population of K-12 public school students in California, as opposed to those offered as part of special education programs. The report provides an estimate of the costs for substantially improving access to these programs, which often are left out of both education and health policy discussions.

KEY FINDINGS

- Researchers have found that access to school-based health care and mental health services has high value for children, schools, and the state.
- California ranks at or near the bottom for student access to health care and mental health services at school even though needs are high.
- Gaps in school-based health care coverage and mental health services occur throughout the state.
- Outside organizations visit schools to provide school-based health programs, but these efforts are sporadic.
- Health care and mental health services could be brought up to a basic level for less than \$100 per pupil of additional spending.
- California is leaving federal money on the table by having unusually low levels of Medicaid spending per student on school-based health care and mental health services.

Summary of Key Findings

Researchers have found that access to school-based health care and mental health services has high value for children, schools, and the state

School-based health care programs substantially increase children's access to care, even for children covered by Medicaid or by private health insurance. Prior research studies have linked school-based health care and mental health services to better child behavior in school, reduced emergency department usage by children, higher rates of educational success, and lower rates of teen births.

Although it is unclear which specific school-based health programs are most cost effective, the benefits of having at least some type of health care at every public school are typically far greater than the costs. Across California, public schools offer differing levels of access to health care and mental health services. They do so through various combinations of district staff, fee-for-service providers, school-based health centers, mobile health clinics, and partnerships with nonprofit organizations or government agencies. (See the box on the following page for descriptions of these approaches.)

APPROACHES TO SCHOOL-BASED HEALTH PROGRAMS COVERED IN THIS REPORT

Staff employed by school districts

School districts can directly employ nurses, counselors, and social workers.

Fee-for-service providers via Medi-Cal funding

Some school districts hire fee-for-service outside providers and apply for reimbursement via Medi-Cal funds. The majority of students receiving these services are Medicaid-eligible, and the vast majority are students with Individualized Education Plans (IEPs). Among the general student population, students without IEPs may receive screenings, initial treatment for issues revealed during screenings, general nursing services, and psychological help.

School-based health centers

Some schools host health clinics inside their buildings, called school-based health centers. Outside agencies, such as local hospitals, operate these centers. Staffing varies, but most centers have staff that can prescribe medication, offer periodic visits from some specialists, and refer children to see other specialists off campus. The public schools do not contribute resources other than providing the space for the center to operate.

Mobile health clinics

Mobile health clinics are health centers on wheels, and they range in size and in the services they offer. Some only visit a school a few times a year for specific services; others provide more extensive weekly services to a group of schools, operating similarly to a school-based health center. Dental vans are mobile health clinics offering dental health care only.

Other partnerships with nonprofit organizations

Nonprofit organizations visit some schools, either donating services or billing children's insurance directly. For California's elementary schools, dental exams for very young children are the most widespread health interventions led by nonprofit organizations. In California's high schools, the most common interventions are counseling programs that address teen drug use, gang participation, and depression.

Partnerships with government agencies

Three types of local government agencies are occasionally involved with school-based health services: county health departments, local health district offices, and local police departments. Some county health departments play an active role in school health programs, either directly funding interventions or helping to coordinate nonprofit organizations' work with schools. Some areas of California have created local health districts that may simply fund a regional hospital or support a broader array of services, such as community health clinics and school-based health programs. Local police departments also occasionally sponsor health care or counseling programs inside schools.

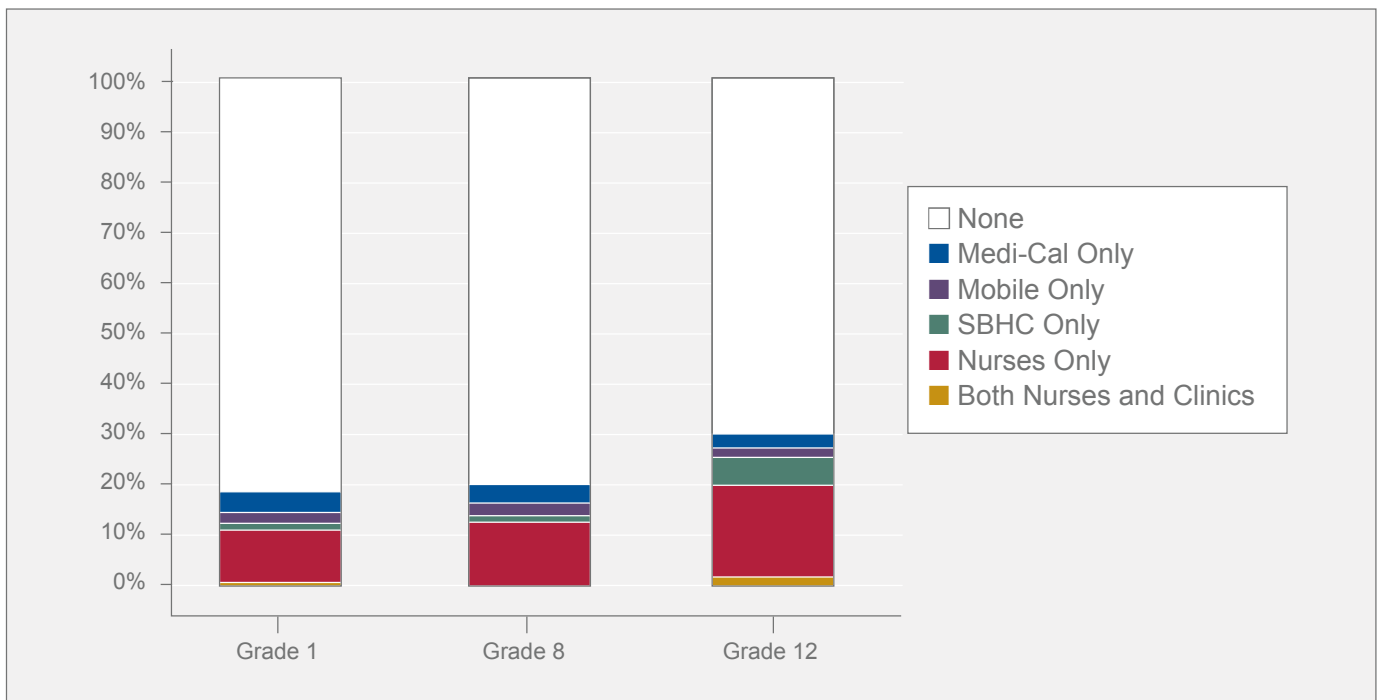
California ranks at or near the bottom for student access to health care or mental health services at school even though needs are high

California ranks at or near the bottom of all states in terms of the percentage of K-12 public school students with access to various types of health care or mental health care inside their school buildings. Rates are especially low for school districts' direct employment of school nurses and school counselors. For school nurses, California ranked 39th in 2012, with approximately 2,240 public school students for each nurse. Regarding school counselors, California ranks last among the 50 states, with approximately 1,000 public school students per counselor. Yet California's youth do not have low needs; for example, California ranks 28th among states in terms of the estimated percentage of children with a serious emotional disturbance.

Less than half of California's public school students have regular access to physical health care in their schools, with some differences by grade level, as shown in Figure 1.

- 19% of 1st graders have access: 12% to a school nurse and 7% through other kinds of services.
- 20% of 8th graders have access: 13% to a school nurse and 7% through other kinds of services.
- 30% of 12th graders have access: 20% to a school nurse and 10% through other kinds of services.

Figure 1: Percent of Students with Access to School-Site Physical Health Care



Data: California Department of Education (2016), National Center for Education Statistics/Common Core of Data (2016), California School-Based Health Alliance (2016), and California Department of Health Care Services (2017).

Regarding mental health services, the available data do not distinguish between middle and high school counselors who primarily focus on mental health and guidance counselors who mostly assist students with course selection, college applications, and career decisions. National estimates of how high school counselors spend their time reveal that the majority of counselors focus most of their time on academic advising.

Because of this emphasis on academic advising, the available state staffing data likely distort how much help students are receiving for mental health issues. Estimates suggest that fewer than 38% of 1st graders, 84% of 8th graders, and 94% of 12th graders have regular access to school-based mental health services.

Like most states, California does not require that schools employ a minimum number of nurses per student. California does not allocate any state funding specifically for school nursing programs, nor does it formally recommend minimum ratios. California does not require schools to offer counselors, nor does it offer targeted funding programs for counselors.

California does partially compensate for its low supply of school district nurses and counselors through other programs, including the creation of local health districts in some communities. The state also offers a moderate number of school-based health centers and mobile health clinics visiting schools. For school-based health centers, California ranks near the middle of the pack (24th among the 50 states), offering one center for every 26,636 public school students.

Gaps in school-based health care coverage and mental health services occur throughout the state

The prior figures displayed *student-level rates* for health care coverage. Another way to examine the availability of these services is to identify the *fraction of schools* that offer them and examine the characteristics of those schools.

Physical health services

Fewer than one out of five public elementary schools in California offer any physical health services to their general student population, with 19% of schools doing so in unified districts and 16% in K-8 (non-unified) districts. Larger elementary schools and those with higher proportions of low-income students (based on eligibility for free/reduced-price meal programs) are somewhat more likely to offer these services.

Fewer than 20% of middle schools offer physical health services, with a slightly higher likelihood that schools serving low-income students will offer such services.

About a quarter of high schools offer these services, with a markedly higher level of availability in large schools. The most notable difference across grade levels is that high schools, particularly in large cities, are more likely to have school-based health centers.

Mental health and counseling services

Regarding mental health services, 43.1% of elementary schools in unified districts offer these services, while just 31.8% of schools in K-8 districts do so.

Taking into account both mental health and counseling services in middle and high schools, the majority of schools offer services, but with some notable differences based on district type and location.

- Three-quarters of middle schools in non-unified districts and about 84% in unified districts offer mental health services.
- Rural middle schools and those in small towns are less likely to provide services.
- About 86% of high schools offer services, with little difference based on the whether they are in a high-school-only or unified district.
- Only about two-thirds of rural high schools provide services.

In addition, mental health and counseling services are much less likely to be offered at the smallest third of middle and high schools—with rates of 51.2% and 63.1%, respectively.

Outside organizations visit schools to provide school-based health programs, but these efforts are sporadic

Nonprofit organizations and other government agencies (local health districts, county health departments, local police departments) help increase student access to school-based health care and especially to mental health services. The impact of these kinds of services on the overall numbers cited above appears to be relatively minor and not evenly distributed across the state.

A 2018 survey of school principals suggests that 10% of schools that do not offer their own physical health services may provide some of these services through outside organizations. Regarding mental health services, the same survey suggests that close to 30% of schools use outside organizations. Although some of these organizations work in the school only occasionally, principals report that more than 60% of them visit the school at least once per week.

Overall, however, schools that do not offer school-based health services are less likely to host outside health organizations, possibly because outside organizations may be more likely to target high-needs schools regardless of those schools' pre-existing services. Or, perhaps, principals committed to providing health care find ways to offer multiple forms of services at their schools.

EXAMPLES OF OUTSIDE ORGANIZATIONS THAT OFFER SCHOOL-BASED SERVICES

Nonprofit organizations

- California Youth Outreach provides services at select public schools across the state aiming to reduce student suspensions, student truancy, and youth gang violence.
- Sonoma County’s “CAPE” Crisis Assessment, Prevention, and Education Team for Transitional Youth ages 16–25 serves nine local high schools.
- Oakland Unified School District has a community schools program that partners with organizations such as Alameda County Our Kids Program for universal mental health services at a limited number of schools.
- Our Children, Our Families program in San Francisco enlists 23 organizations that do work related to physical health, mental health, or health education, but only a few offer services inside school buildings.
- Denti-Cal, a service funded by Medi-Cal, provides statewide kindergarten oral health assessments.

Outside government organizations

- San Diego County’s Department of Health assists the County Office of Education in administering mental health and violence prevention services through Project Cal-Well, a five-year federal grant administered by the California Department of Education.
- Sequoia Healthcare District in Redwood City funds a wellness coordinator in each local school district and also supports nurses, counselors, and even physical education programs in some schools.
- Some local police departments fund school-based health, mental health, and counseling tied to the idea that broad school-based interventions may help produce academic success and decrease future criminal behavior. Police-sponsored activities include counseling, violence prevention, and substance abuse prevention programs.

Health care and mental health services could be brought up to a basic level for less than \$100 per pupil of additional spending

Despite current gaps in California’s school-based health programs, the authors estimate that it would cost less than \$100 per pupil annually for the state to provide basic physical and mental health coverage at all public schools. They use the following parameters to define “basic”:

- Requiring every public school to have either a school nurse at least one day per week, a school-based health center, or a mobile health van visiting for three to four hours per week.
- Offering mental health services for the general population in elementary schools at least once a week.

- Providing some form of mental health care at every middle school at least twice per week, which could be delivered by a half-time counselor or psychologist.
- Allocating at least a half-time counselor at every high school and allowing no more than 600 students per counselor.

The physical health care recommendation, based on the author's estimate, would cost the state about \$374 million annually, equivalent to \$59 per K-12 public school student.

The annual additional staffing costs per K-12 public school student for bringing California's mental health services up to a basic minimum level statewide would be roughly \$31:

- \$20 for elementary school mental health,
- \$4 for middle school mental health, and
- \$7 for high school counselors.

The only other substantial new costs would be creating adequate space for the additional staff members to work in each school.

California is leaving federal money on the table by having unusually low levels of Medicaid spending per student on school-based health care and mental health services

One way to reduce the above costs would be to allow schools to make some minimum level of fee-for-service Medi-Cal billings. The option of using Medi-Cal billings might be relatively popular in smaller suburban school districts.

A bill introduced during the 2018 legislative session (Assembly Bill 3192 – O'Donnell) would compel the California Department of Health Care Services to improve the clarity and timeliness of guidelines for school districts' Medi-Cal billings. Improved guidance is a critical step for promoting greater district participation in the Medi-Cal billing programs.

Another critical step is better alignment of incentives, access, funding, and responsibilities for child mental health screenings. County behavioral health departments currently have access to state and federal revenues to conduct early childhood mental health screenings, but these county departments are neither required nor encouraged to conduct school-based screenings.

Conclusion

Bringing California's school-based physical and mental health programs up to a basic minimum level at all schools has large potential economic returns for the state. Even in a challenging fiscal environment, California has a tremendous opportunity to improve its school-based health care with a relatively modest investment.

The options include a combination of additional staffing and the increased use of school-based health clinics. By expanding small programs, such as districts' Medi-Cal billings and counties' use of mobile health clinics, the state could rapidly spread the percentage of its students receiving screenings, basic treatments, and valuable referrals. Existing partnerships between public school districts and outside organizations provide promising examples of other ways that health care can be scaled up in California's public schools.

Such investments could make a meaningful difference for the future success of a substantial number of California children.

Author biography

Randall Reback is a professor of Economics at Barnard College, a faculty research fellow at Columbia University's Institute for Policy Research, and an associate editor of Education Finance & Policy. His published research includes studies of school testing and accountability programs, public school choice, and local property taxes. His recent research explores the roles that children's physical health, mental health, and behavior play in determining their success. Two studies reveal positive impacts of elementary school counselors on school climate and student attendance. Reback and his coauthors are currently working on two additional studies of the effects of school-based health centers on children's outcomes: a national study examining effects on teen births and high school dropout rates, and a New York City study examining effects on academic performance. Jessica Lu provided valuable research assistance for this study.

ABOUT THE DATA IN THIS REPORT

Unless otherwise noted, all statistics apply to the 2014-15 school year, the most recent year for which relevant information is consistently available.

Data used in this report include:

- School district staffing in California: California Department of Education.
- National school staffing data: National Center for Education Statistics, Common Core of Data.
- School-based health centers and mobile health clinics: School-Based Health Alliance and California School-Based Health Alliance.
- Medi-Cal reimbursements: California Department of Health Care Services.
- Principal survey: RAND Corporation for *Getting Down to Facts II*, 2018.