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## **The Sacramento Children's Fund Background and Analysis for the Youth Mental Health Priority**

The ballot measure that established the Sacramento Children's Fund set five priorities for the Fund, one of which is youth mental health. The measure also indicated that implementation should prioritize children most impacted by violence, poverty and trauma.

This policy paper seeks to provide the Children's Fund Planning and Oversight Commission with a big picture overview of the mental health services landscape in Sacramento. In this paper, we focus primarily on the formal funding streams and on clinical services. It's important to note that the promotion of mental health is not confined to the provision of medical services. It also entails the building of positive relationships and of efforts to create affirming, health-promoting environments that reduce stress, violence and poverty. Throughout Sacramento, there are numerous volunteer and/or more informal efforts to support children and youth. Youth development and mentoring, in and of themselves, support youth mental health. These activities may not involve licensed clinicians, but they do make a huge difference in emotional wellbeing.

In developing a youth mental health strategy for the Fund's strategic plan, we strongly encourage that the Commission, city staff, and Third Plateau to do so in dialogue with county mental health staff and with the Sac County Office of Education (SCOE). These agencies oversee large-scale mental health efforts and funding streams that serve thousands of children and youth in our region.

To keep a focus for this short paper, we are limiting ourselves to the following questions:

1. What are the current funding streams that support youth mental health in Sacramento?
2. How can the city bring added value to the current strategies underway regarding youth mental health?

## **Current funding streams**

The primary funding sources for counseling and therapeutic services for children and youth are Medi-Cal and private insurance. For the purpose of this paper, we will focus on Medi-Cal, which is by far the largest and most sustainable funding stream for children and youth impacted by poverty, violence and trauma. To access mental health services through a Medi-Cal provider, a child or youth must be enrolled in Medi-Cal. There are currently three major efforts in this area in Sacramento.

### Sacramento County Contracts with Community-Based Providers

The county's [mental health services department](#) contracts with numerous community-based providers who offer mental health services to children, youth and adults. Within the city limits, there are many well-established providers that serve children and families, including La Familia, Heartland, Stanford Sierra Youth and Families, and the Sacramento Children's Home. In addition, the county operates a mental health urgent care clinic at their facility on Stockton Blvd near the UCD Med Center and provides mental health supports to youth incarcerated at the county's youth detention facility. The county has conducted an analysis of the highest need neighborhoods and, through its Flexible Integrated Treatment initiative, is serving these neighborhoods with a range of supports.

### Health Clinics

Federally Qualified Health Centers (FQHC's), such as WellSpace and the Sac Native American Health Center (SNAHC), provide mental health services to children and youth through Medi-Cal funding. These are well-developed health clinics that provide a range of medical services to families in our region. SNAHC also supports mental health services at Grant High School and has a new clinic across the street from Luther Burbank.

### Sacramento County Office of Education (SCOE)

In 2021, through a collaboration with Sacramento County, SCOE set the goal of placing a mental health clinician in every K-12 school in Sacramento County. Since the launch, SCOE has been gradually expanding the number of schools served by this initiative. Through the county's FQHC, SCOE clinicians are able to bill Medi-Cal when they serve children and youth at their school site who are enrolled in Medi-Cal. SCOE is also employing family navigators, peer specialists and associate-level therapists to serve school communities and is building out a mental health career pipeline.

Schools within the city limits that currently have a SCOE clinician include:

*Elementary:* Ethel I Baker, Las Palmas, Pacific, William Lee, Parkway, Bell Ave, Glenwood,  
*K-8:* Bannon Creek, John Still, Rosa Parks

*Middle:* Martin Luther King Jr, Rio Tierra,

*High School:* Hiram Johnson, Luther Burbank, Inderkum, John F Kennedy, Natomas, Grant

In addition, SCOE has clinicians at the Elinor Hickey and Nathaniel Colley court and community high schools that serve students from throughout the county.

### **Non Medi-Cal Funding Sources**

In addition to the Medi-Cal funding stream, local providers receive funds through the Mental Health Services Act and through the new state CYBHI initiative.

#### Mental Health Services Act (MHSA)

While Medi-Cal is the primary funding source for mental health services for children and youth, the County also invests considerable funding in youth mental health through the funds it receives via the state-level Mental Health Services Act. Through MHSA, Sac County currently funds numerous community-based providers to provide services that support mental health and wellness, including services focused on peer support, prevention and culturally-specific counseling supports. Some of these organizations include La Familia, Children's Receiving Home, Greater Sac Urban League, Capital Star Community Services, and others. Proposition 1 has been approved by voters, which may result in program changes based on funding requirements and community input.

#### The Child and Youth Behavioral Health Initiative (CYBHI)

In 2020, the [Governor and Legislature set aside \\$4.6 billion](#) to support a five-year child and youth mental health initiative across the state. State agencies are currently making grants to community providers in Sacramento and across the state with the goal of creating an integrated, youth-centered mental health system. To date, through CYBHI, state agencies have awarded millions in grants to Sac County and local agencies through several grant rounds, including for:

[Trauma Informed Care](#). Recipients: Sac County Behavioral Health, St John's Program for Real Change, Gateway Community Charter Schools, Wellspace Health

[Youth-Driven Programs](#): Recipients: County of Sacramento Behavioral Health Services, Sac LGBT Community Center

[Youth Education Campaign](#): Sac LGBT Community Center, SAC Connect, Sac Native American Health Center

### **New Medi-Cal Initiatives**

The state is currently rolling out two major Medi-Cal mental health initiatives that hold great promise to diversify the mental health workforce and to provide more preventative and culturally-specific mental health services to child and youth.

*Peer Specialists:* In 2020, the Legislature passed a new law (SB 823) that allows for Medi-Cal billing to support people who work as mental health Peer Specialist. Through the new [peer specialist program](#), young adults, 18 and over, who can be employed as a Peer Specialist through Sac County and with local community-based providers. These peer specialists could be based in schools and at youth centers. To work as a peer specialist, a young adult needs to have lived experience but does not need to have a college degree.

*Wellness Coaches:* Similar to the peer specialist program, [the wellness coach initiative](#) promises to diversify the mental health workforce and to expand prevention and wellness services related to mental health. To work as a wellness coach, a young adult needs to have at least an AA degree and to have some experience in a human services field.

Leaders in the field of youth services have frequently pointed out the need to increase the number of mental health workers of color who share the lived experience of children and youth in impacted communities<sup>i</sup>. As the County and local providers work to implement these initiatives, our community could benefit in multiple ways. Children and youth will be served by young adults with whom they will feel greater connection. More young adults in our community will enter the human services career pipeline. And finally, as more local young people gain employment, we will see more investments in local neighborhood businesses, more housing stability and less homelessness.

### **Questions for the Children’s Planning and Oversight Commission**

When considering how to invest in youth mental health, it’s important to recognize that city funds, while modest compared to the public funding streams, have the great advantage of being flexible and on-going. Medi-Cal is a restricted funding stream that reimburses for services only under certain conditions. There are likely many ways in which the city could invest a modest amount of funding to fill out the picture and at the same time, increase the number of children and youth being served. City funds could also serve to increase collaboration and coordination as often there are often multiple mental health efforts underway that are largely disconnected from one another in the same neighborhood.

1. How would city investments in youth mental health complement and leverage existing efforts?
2. How could city funds help support youth currently not being reached?

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<sup>1</sup> There is extensive research on the effectiveness of peer and near peer approaches to supporting youth mental health. For a summary of best practices, please go to: <https://www.capeercertification.org/best-practice-guidelines-for-employing-cmpss/>