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SCHOOL DISTRICT

Mental Health in RCSD

November 12, 2025



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RCSD creates a safe and supportive, inspirational and rigorous, joyful and inclusive environment for all learners.

LCAP/Board Goals

MTSS Framework

Mental Health

Community schools (8)

Traditional schools (4)

Grounded in the strengths of students, families, and communities





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Program Evolution



Program Creation

The decision to fund and create a district counseling program

Program Beginning

Initially created to address concerns resulting from Covid-19, many students were being seen for anxiety around the pandemic

Program Evolution

Counselors are now addressing more individual and community systemic issues including family dynamic, trauma, and self harm

Program Future

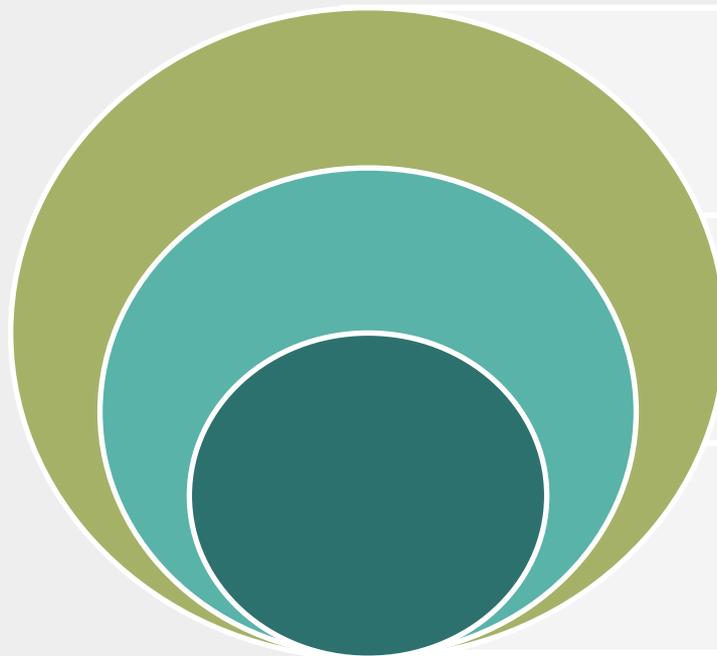
Embarking on a new form of financial sustainability with a new state-wide billing system

Improving Systems: A Tri-Level Lens



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SYSTEM-LEVEL

District

SETTING-LEVEL

School Site
Teachers/Staff
Families

INDIVIDUAL-LEVEL

Students

Student Mental Health A Systems Approach



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Mental Health

Cultural. Reduce stigma and normalize attention to mental health and wellbeing within and across schools.

Structural. Create the structure and infrastructure, the roles, teams, processes, and protocols, needed to support mental health and wellbeing within and across schools.

Technical. Strengthen the skills, expertise, and tools that facilitate equitable, efficient, and effective mental health support within and across schools.



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Expanded services over 4 years

46%

Number of Tier 1-3
services provided by
district MHCs

4x

Tier 1 services

Quality

Licensed clinicians and
evidence-informed
professional development,
Stanford partnership

Shashank Joshi, MD, FAAP, DFAACAP

Dr. Shashank Joshi is Professor and Senior Associate Vice Provost for Academic Wellbeing at Stanford University. He serves as Director of School Mental Health and Director of combined training in Pediatrics, General Psychiatry and Child & Adolescent Psychiatry for Stanford Children's Health.

Dr. Joshi is the lead author of the HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention, a member of the Student Mental Health Policy Workgroup for the State of California, and advisory board member for the Jed Foundation and the National Center on School Mental Health. He has received numerous awards for teaching and public service.



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District Counselors - Who are they and what do they do?

District Mental Health Counseling Team



Tier 1  Tier 2  Tier 3  System-building

District MHCs provide Tier 1-3 support *and* play an essential role in building a system to support youth mental health and wellbeing

TIER 1 (UNIVERSAL)	TIER 2 (SUPPLEMENTAL)	TIER 3 (INTENSIVE)	System Building & Tending
<ul style="list-style-type: none"> ● Informal check-ins ● Visibility (campus presence before & after school, lunch, recess) ● Rapport-building (teachers, staff, families, students) ● Lunch Bunch ● Cafecitos ● Campus campaigns to raise awareness around mental health (e.g., Kindness campaigns) ● School clubs/activities ● SEL modeling and co-instruction 	<ul style="list-style-type: none"> ● Referral-prompted check ins ● Referral-prompted screening and connection to care ● 1:1 therapy ● Group therapy (creating groups, leading groups) ● Teacher-requested classroom observations & consultations ● Parent communication (consent for therapy, updates, home support, referrals for parent/family therapy) 	<ul style="list-style-type: none"> ● Lead role in crisis prevention, intervention and postvention (severe dysregulation, threat to self/others) ● Collaboration with law enforcement, psychiatric emergency services, & primary care physicians ● Co-develop and oversee implementation of care plan ● Parent communication and support during and after crisis 	<ul style="list-style-type: none"> ● Participation in screen teams, student success teams, 504s, IEPs, site leadership and staff meetings ● Integration of school mental health with district goals, MTSS, community schools, traditional schools ● ECHO presentations and participation ● Collaboration with Community School Coordinators ● Infrastructure required for in-house district intern program, including clinical supervision ● Data collection, management, analysis, and reporting (school- & district-level; annual & longitudinal) ● Clinical record-keeping (required by law) ● Grant writing and implementation ● Financial management (budgeting, billing, contracts) ● Infrastructure for contracted providers for individual therapy and groups (e.g., One Life, Caminar) ● Infrastructure for Stanford partnership (e.g., supporting psychiatric fellow placements, co-designing professional development, co-designing parent education events, participating in cross-district collaborations, contributing to partnership research)



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Mental Health Program Successes



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Success #1: Cultivating a Culture that Embraces Mental Health

>86%

of students know who their counselor is and where to find them

78%

of students feel comfortable talking to their school counselor about their feelings (lower in schools that lost their FTE)

56%

of check-ins, individual and group therapy combined initiated by student or parent referral

Source: Spring 2025 survey of # RCSD students in grades 4-8.

Success #1: Cultivating a Culture that Embraces Mental Health



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Student Survey Feedback

Has having a counselor on campus changed anything for you or your classmates?

“Having a counselor on campus has helped make the school a more welcoming environment”

“Yes it has because there was a problem and I told a counselor and the problem was solved.”

If you spoke with a counselor this year, what’s one thing you learned from them?

“que tengo que controlar mi emociones y lo que yo siento no es culpa de nadie y no me tengo que enojar con las personas con lo que yo siento si ellos no tienen nada que ver” (That I have to control my emotions, that what I feel isn’t anybody’s fault, and that I don’t have to get angry with people about what I feel if they have nothing to do with it.)

“Aprendí que tienes que expresar tus sentimientos con alguien para sentirte mejor.” (I learned that you have to express your feelings to someone to feel better.)

Success #1: Cultivating a Culture that Embraces Mental Health



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>97%

of teachers found that individual or group counseling for their students was helpful.

Source: Spring 2025 survey of RCSD classroom teachers.

Success #1: Cultivating a Culture that Embraces Mental Health



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Teacher Survey Feedback

Think about a student in your class who received individual or group counseling services. Do you think it was helpful?

“This year, she taught several of my students important lessons on conflict resolution, managing emotions, and navigating friendships—skills that are especially valuable as students grow and begin to experience more complex social dynamics during the tween years and before they head off into middle school.”

Did those services help that student stay engaged in school?

“She equipped my students with strategies to handle challenges with peers and manage their emotions effectively. As a result, they were able to stay focused and engaged during class and not be distracted by worrying about challenges with friends.”

Is there anything else you'd like to share about your school's counselor or counseling services in general?

“Counseling services are a basic need at [our] school nowadays. We must do everything we can to keep mental health services available for the students. We need as many counselors as we can in order to reach all the students when it is needed. I have seen a growing need for mental health support for elementary students over the years.”

Success #1: Cultivating a Culture that Embraces Mental Health



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Parent Survey Feedback

In what way(s) did these services help your child?

1. “(My child’s) behavior actually changed in correlation with getting the counseling. She stopped having panic attacks in the mornings.”
2. “He has made many more friends, and is more confident. We are also more aware of how we need to build his confidence as parents.”
3. “(Our child) internalizes his feelings. After his sessions with [the counselor], we noticed (our child) speaking more about his emotions and how he was feeling about things that happened at school. This was great to see as we know it is a struggle for (our child) to express himself or tell us when he was being hurt at school by classmates or tell us about his day at school.”

Is there anything else you’d like to share about the counseling services at your child’s school?

1. Me entristece que [our counselor] no estará el próximo año escolar y me preocupa que mi hijo no reciba la misma calidad de servicios de la salud mental. (I’m sad that [our counselor] won’t be at the school next year and I’m worried that my son won’t receive the same quality of mental health services)



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Success #2: Expanded Services

Over the last four years, the number of unique students receiving T1-3 services

Doubled

In SY '24-'25, the number of students that received some kind of mental health support at school

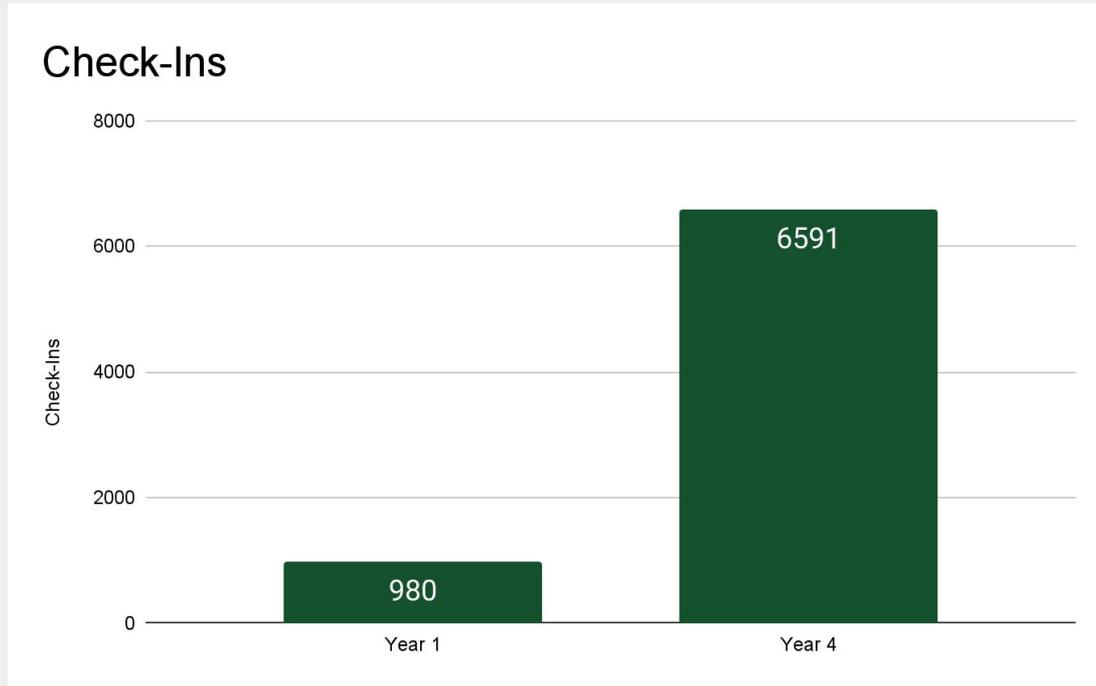
>50%



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Success #2: Expanded Services



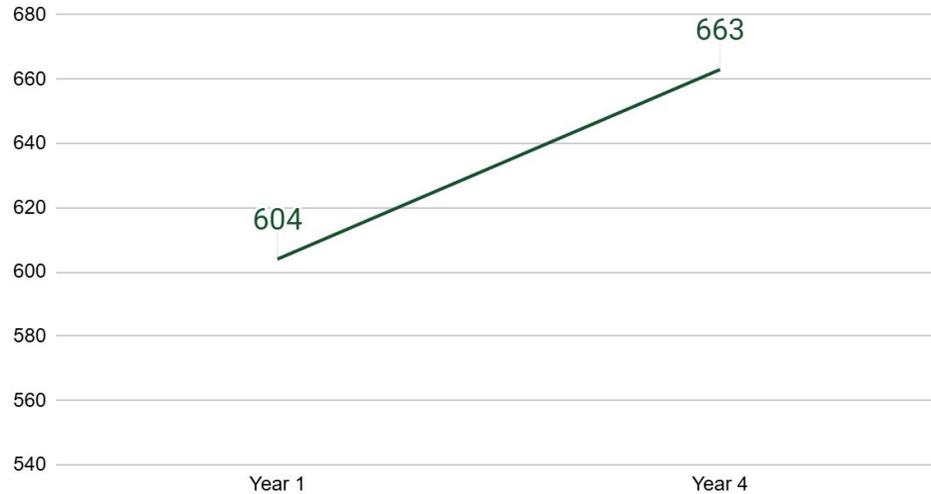


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Success #2: Expanded Services

Students served through individual therapy



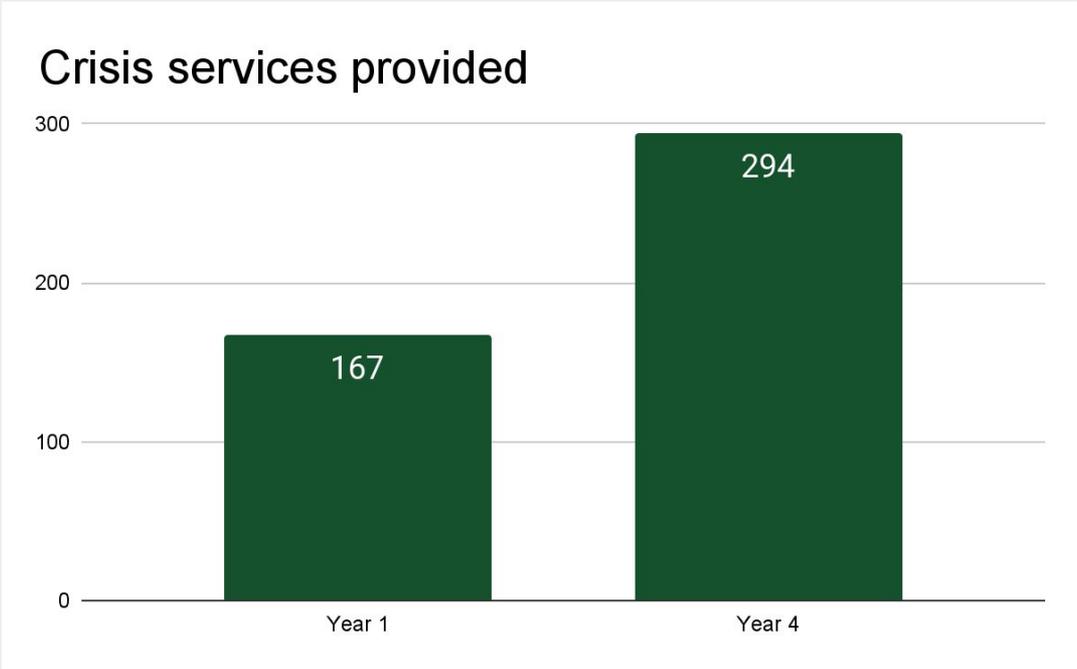
In the 2024-2025 SY,
counselors provided
students with 6,844
individual therapy
sessions



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Success #2: Expanded Services



Success #3: In-house Intern Program: Improving Care and Reducing Costs



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\$19,000 cost saving per intern per school year
(when compared to a contracted counselor 20hrs/wk through a CBO)

Success #4: Improved District-wide Protocols



01

Referral Process

- Clear processes for school staff, parents, and student at each school site
- Collaboration through screen team for a whole student approach

02

Data Collection

- Each mental health provider is responsible for their data, with site and district level oversight by MHCs and Lead MHC
- Allows us to see trends and be more equitable with resource allocations

03

Crisis Management

- Cohesive protocols for suicide prevention, including collaboration with RCPD's crisis counselor and responding officers
- Trainings and guidance for CPS reporting

Success #5: Expanded Access to Grant Funding



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Data-driven

Due to data gathering protocols, we are able to support grant applications with robust district data to indicate the need for additional funding for mental health services.

Application

Applications are able to be submitted faster and easier due to the data and protocols already in place. Our partnership with the Gardner Center provides extensive support with application processes.

Grant Awards

CYBHI Grant (2 years, ends June 2026)

- Using EBP to support students with trauma

Get Healthy San Mateo (2 year, ends June 2027)

- Addressing family/parent mental health needs

Stanford University (5 years, ends June 2026)

- Mental Health Collaborative, including Gardner Center, Center for Youth Mental Health and Wellbeing, and CAP Fellows

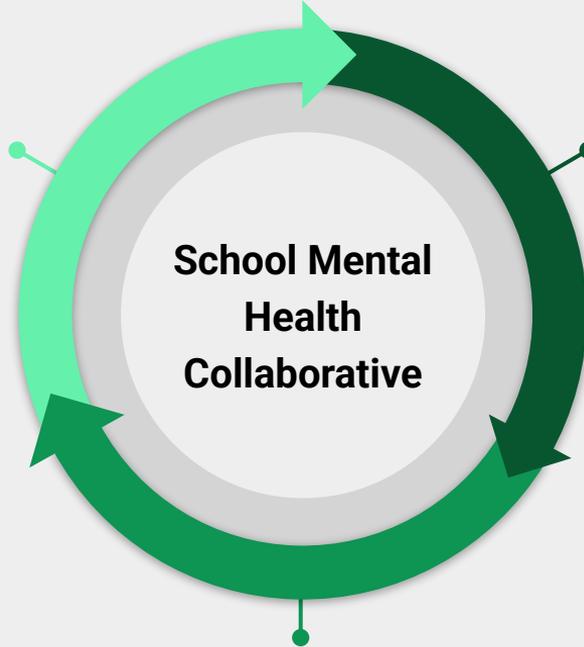
#6: Stanford University Partnership



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Redwood City School District



John W. Gardner
Center for Youth and
Their Communities

The Center for Youth
Mental Health and Wellbeing

Apurva Bhatt, M.D.



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Dr. Apurva Bhatt is a Child Adolescent and Adult Psychiatrist and Clinical Assistant Professor at Stanford University School of Medicine. Her role spans the General Adult Psychiatry Division, Child Psychiatry Division, and the Center for Youth Mental Health and Wellbeing.

Dr. Bhatt provides school clinical consultations for Redwood City School District through the Stanford Redwood City Sequoia School Mental Health Collaborative. She also provides clinical consultations to schools in Los Altos School District and supervises child and adolescent psychiatry fellows providing consultation to schools in Los Altos, Palo Alto, Redwood City, and Mountain View.

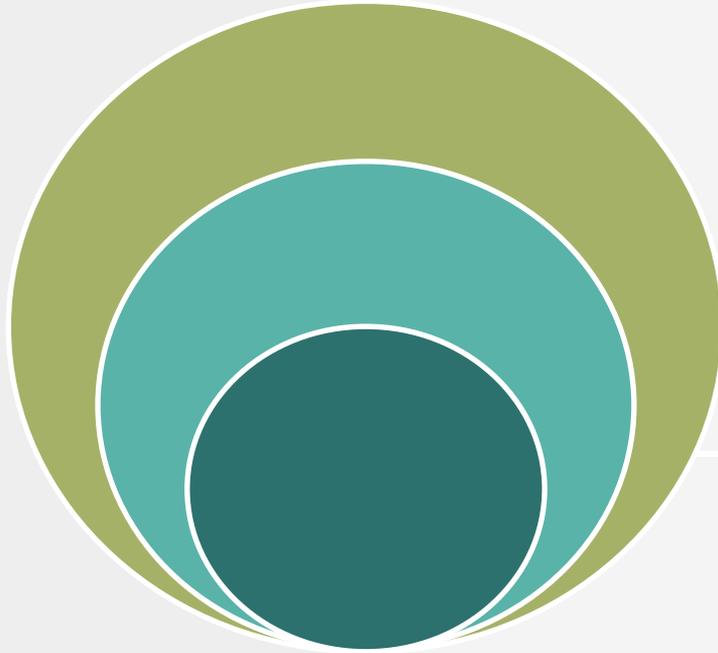


Child and Adolescent Psychiatry Team Services



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SYSTEM-LEVEL

District

Monthly Group clinical consultation
PD Day workshops
As needed support

SETTING-LEVEL

Support and training for School Site
Teachers/Staff
Families

INDIVIDUAL-LEVEL

Student Evaluations
Referrals/Connection to services

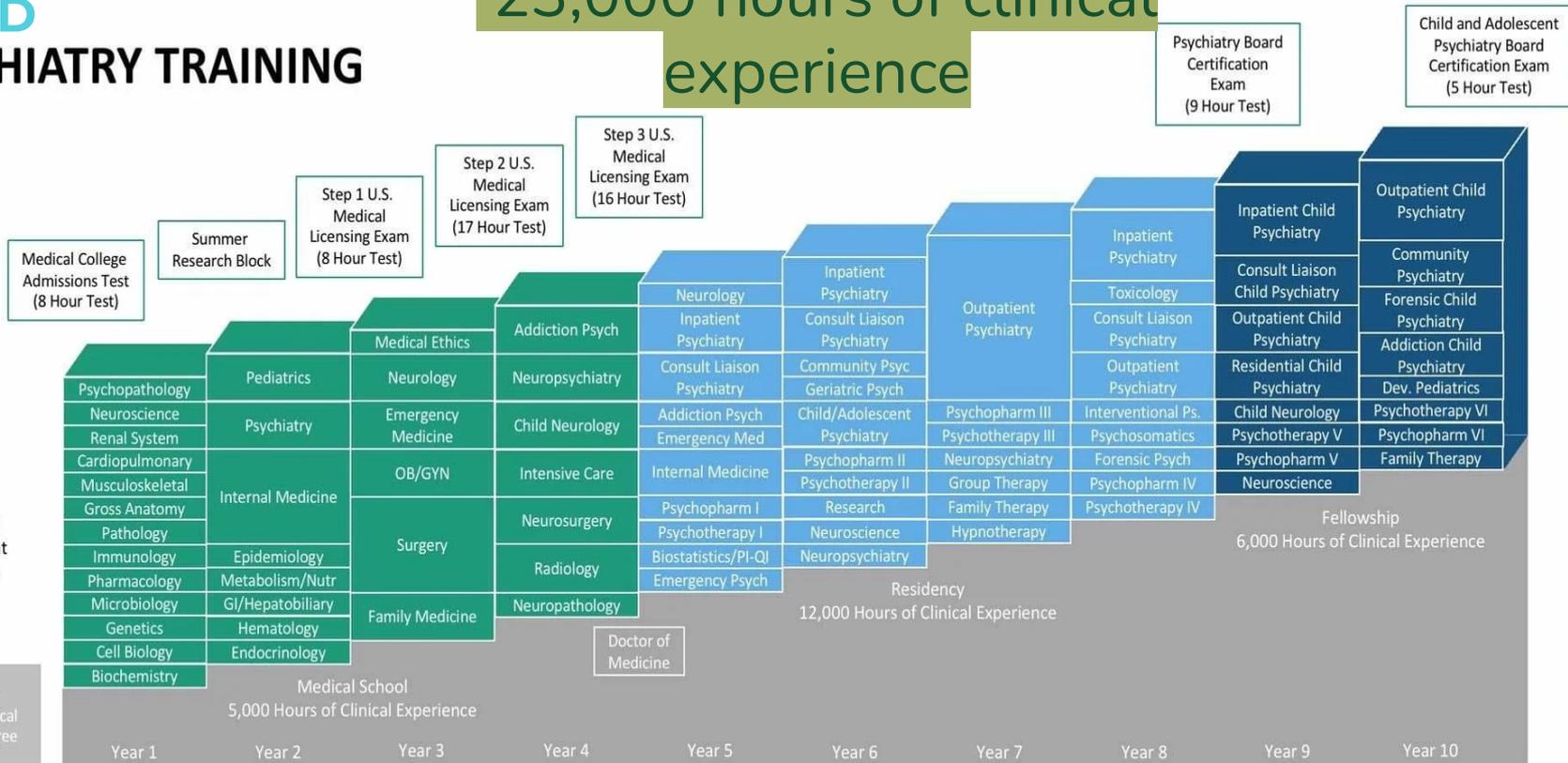
What is a CAP Fellow?



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CHILD PSYCHIATRY TRAINING

23,000 hours of clinical experience



The Role of a Child and Adolescent Psychiatry Fellow



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Identify students in need	Conduct evaluations	Provide referrals and resources	Increase capacity-building and education
<p>Consult with mental health counselors to identify students requiring more intensive (Tier 3) clinical support and interventions.</p>	<p>Meet with students and families for assessments, counseling, and support planning. Participate in 504 and IEP meetings; conduct classroom observations as needed.</p>	<p>Connect students with mental health services and longer-term support options.</p>	<p>Partner with school staff and counselors to provide workshops and increase overall mental health support at school (e.g. group clinical consults, teacher and parent workshops).</p>



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CAP Fellow Success Story



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Kristin Geiser, PhD

Deputy Director and Senior Researcher
John W. Gardner Center for Youth and Their Communities
Stanford University



Create knowledge.
Ignite change.

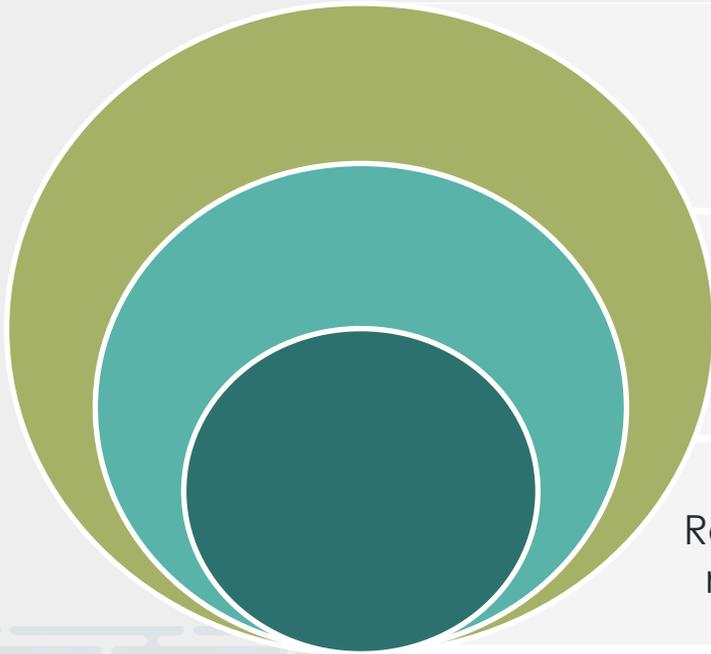


What would greater capacity look like in 3-5 years?



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District

Creates and sustains
a coordinated system of support

Schools

Efficiently and effectively promote
& support student mental health

Students

Recognize when they or someone they know
may need mental health support & respond
by engaging appropriate resources

Source: June 2021 Board Presentation

Research



Series of inquiries designed to deepen understanding of:

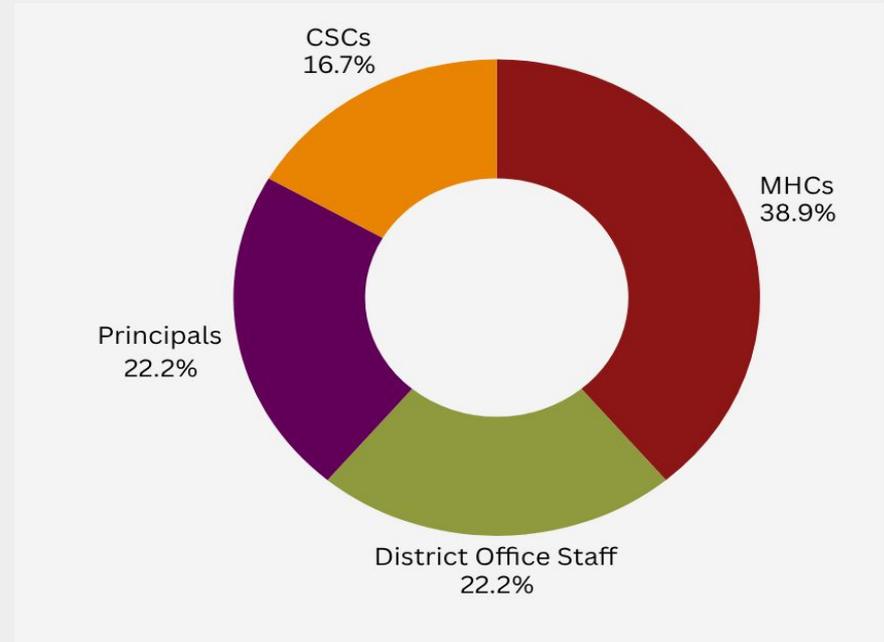
- Program strengths and challenges
- Facilitating and complicating factors
- Strategic opportunities for improvement

Data sources:

- Interviews (110 over the last five years)
- Observations
- District documents
- District data

Spring 2025

- **18 interviews**
- Interviewees represent **10 schools**
- 7 district mental health counselors (MHCs), 4 district office staff, 4 principals and 3 CSCs

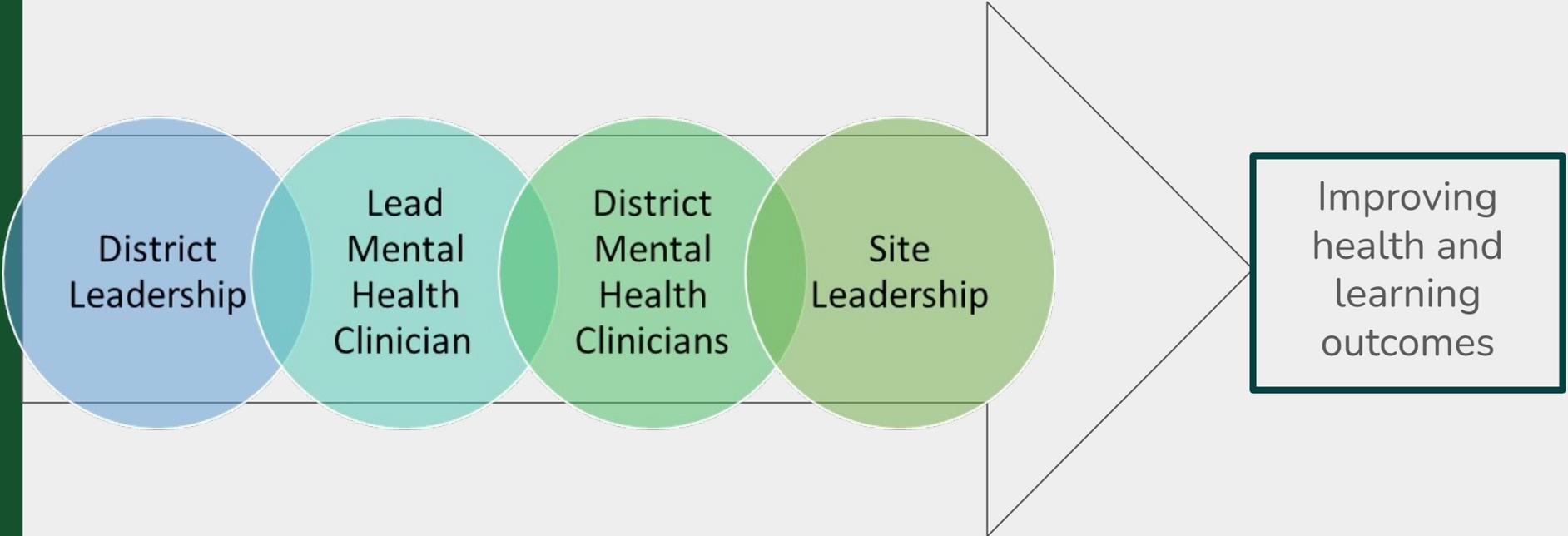


Spotlight on Facilitating Factors



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District
Leadership

Lead
Mental
Health
Clinician

District
Mental
Health
Clinicians

Site
Leadership

Improving
health and
learning
outcomes

A closer look: Lead Mental Health Counselor



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- Site-level support
- Counseling team oversight and supervision
- Partnership management
- Data system development and implementation within and across sites
- Funding streams including grants and new billing system
- Program development and implementation
- District, city, county, and state collaboration and leadership

“I don't think I could do my job without [the district mental health counselor]. I don't know if it's just the world today or the students populations we have, but **there's just so much need that's beyond my capacity as an educator**. ... I mean, we've had multiple families, kids lose their parents, kids that have ... experienced trauma ... kids that won't come to class... The counselors, I don't know how they do it, but they get them to class. It's just a huge resource that I cannot imagine not having.”

–Principal

RCSD: Regional Leadership



RCSD's Counseling Program Awards

2023

Stanford University

Community Partnership Award

2024



2025





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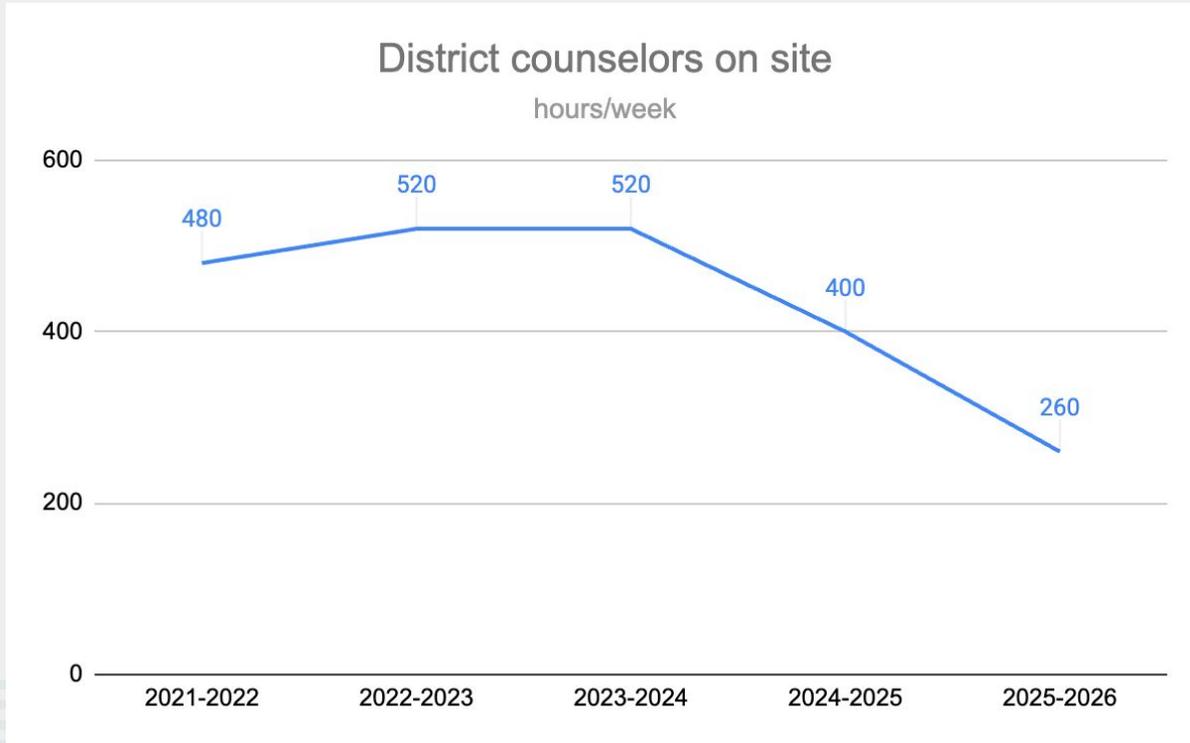
Mental Health Program Challenges



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Challenge #1: Reduction in MHC staffing



Removal of these positions has affected school sites.

1. Unable to handle all crisis and community response needs
2. Less clinical expertise available to staff and students
3. Decrease in the rapport and trust between the community and mental health providers

Reduced MHC FTEs Reduced Capacity to Support Mental Health and Wellbeing

TIER 1 (UNIVERSAL)	TIER 2 (SUPPLEMENTAL)	TIER 3 (INTENSIVE)	System Building & Tending
<ul style="list-style-type: none"> ● Informal check-ins ● Visibility (campus presence before & after school, lunch, recess) ● Rapport-building (teachers, staff, families, students) ● Lunch Bunch ● Cafecitos ● Campus campaigns to raise awareness around mental health (e.g., Kindness campaigns) ● School clubs & activities ● SEL modeling and co-instruction 	<ul style="list-style-type: none"> ● Referral-prompted check ins ● Referral-prompted screening and connection to care ● 1:1 therapy ● Group therapy (screening for group compatibility, creating groups, leading groups) ● Teacher-requested classroom or student observations & consultations ● Parent communication (consent for therapy, treatment plan updates, home support, referrals for parent/family therapy) 	<ul style="list-style-type: none"> ● Lead role in crisis prevention, intervention and postvention (severe dysregulation, threat of harm to self or others) ● Collaboration with law enforcement, psychiatric emergency services & primary care physicians ● Co-develop and oversee implementation of care plan ● Parent communication and support during and after crisis 	<ul style="list-style-type: none"> ● Participation in screen teams, student success teams, 504s, IEPs, site leadership and staff meetings ● Integration of school mental health with district goals, MTSS, community schools, traditional schools ● ECHO presentations and participation ● Collaboration with Community School Coordinators ● Infrastructure required for in-house district program, including clinical supervision ● Data collection, management, analysis, and reporting (school- & district-level; annual & longitudinal) ● Clinical record-keeping (required by law) ● Grant writing and implementation ● Financial management (budgeting, billing, contract management) ● Infrastructure for contracted providers for individual therapy and groups (e.g., One Life and Caminar) ● Infrastructure for Stanford partnership (supporting psychiatric fellow placements, co-designing professional development, co-designing parent education events, participating in cross-district collaborations, and contributing to partnership research)

Challenge #1: Reduction in MHC staffing

A message from our partners at One Life Counseling Services

“I’m writing on behalf of One Life Counseling Services, which partners with the district to place pre-licensed therapists in your schools. We believe the institutional knowledge of the district therapists is valuable and their presence is integral to supporting student mental health needs on campus.

District therapists are the anchors of the district’s mental health system. They hold the knowledge, relationships, and structures that keep services running smoothly, even as new One Life therapists arrive each year. They understand how the referral process works, they know the students, families, and staff, and they ensure that mental health remains part of the conversation.

When those systems are managed by someone without a mental health background, important needs can be missed or mislabeled as purely behavioral issues. The result is fewer students getting the timely, appropriate support they deserve, which can be detrimental to their mental health and academic success.”



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Challenge #1: Reduction in MHC staffing

“One of our therapists described it best:

“The district therapist is the connection point that keeps everything moving... Her existing relationships with teachers, staff, and students help me build rapport faster and become useful to the school right away. She knows the student body, rhythms of the school day, the personalities of the teachers, and the best ways to schedule sessions with minimal disruption to a student’s schedule...Her guidance allows me to spend my time supporting students, not figuring out how things work.

These positions are what make our partnership effective. They ensure continuity, protect the integrity of school-based mental health services, and ultimately help students get the right care at the right time. We strongly urge you to continue funding these vital roles.”

Challenge #2: Funding for Stanford Mental Health Collaborative



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- Initial 5-year grant sunsets summer 2026
- Need to secure additional funding by March 2026 to sustain Child Adolescent Psychiatry Fellow in SY '26-'27
- Actively pursuing funding



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What comes next?

Statewide Multi-payer School-linked Fee Schedule



Where we stand

RCSD is in cohort 2 for the state's rollout of this program. It is the only district in San Mateo County that's in cohort 2, no district was in cohort 1.

- All district counselors have been registered and approved as providers
- District counselors will be able to back-bill as far as 6 months prior from the date of claim submission

What we're waiting on

SMCOE is partnering with SCCOE to provide ongoing technical and process support with the system since they were in cohort 1 and have already started billing.

- Training in a new EHR (eClinical Works)
- Training on diagnosing using the ICD-10
- Support with billing and ensuring claims are completed properly to ensure reimbursement occurs

Next steps

Start rolling out information on this new system to site administrators and principals, and develop a system for collecting health insurance information at a district level.

- Ana Paula will present at an Admin meeting as well as site cafecitos to connect with parents/families
- Incorporate the gathering of student health insurance information into next year's enrollment packet

Continue the commitment to a district-wide approach



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Mental Health
Counselor

School Site
Leaders

District
Leaders

RCS
Trustees



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“Biggest thank you for being a safe, competent and trusted space for our daughter and for us as a family. Truly forever grateful. Please keep at it and ensure this service and department are well funded in the future.”

- RCSD parent



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**Thank you for your ongoing
support of RCSD's mental
health services!**