

# CA Association of Local Behavioral Health Boards and Commissions

November 2020 [www.calbhbc.org](http://www.calbhbc.org)

## Issue Brief: **CHILDREN & YOUTH - Schools as Centers of Wellness** <sup>1</sup>

Integrated school-based mental health (MH) programs for children and youth have a profound and positive impact on individuals, families and communities.

Yet currently, the vast majority of California's students do not receive the services and supports they need. 75% of CA principals report students' emotional and mental health were a moderate or severe problem. 2/3 of teachers report they are unequipped to address students' mental health needs. Up to one in five children—20%—have a diagnosable mental health condition. Approximately 1 in 3 students feel chronically sad and hopeless. Suicide is the second leading cause of death for youth. Unmet trauma and mental health needs are strongly associated with barriers to learning, and by extension, the school-to prison pipeline.

## STATEWIDE SOLUTIONS

### Funding

**Scale**—Ramp up funding to allow CA's mental health system to integrate at scale with CA's educational system.

### Sustain

- Identify long-term funding solutions
- Communicate sustainable funding and braiding mechanisms of [MHSA](#), Medi-Cal, [LEA BOP](#), [SMAA](#), [ERMHS](#), [LCFF](#), private insurance, and [First 5 funds](#).
- Technical assistance for CA's 59 MH agencies.

### Workforce:

School psychologists, counselors, social workers and nurses are the foundation for school mental health. CA's Office of Statewide Health Planning (OSHPP) should work to identify and allocate funding to address school-based workforce needs. <sup>3</sup>

### Performance Outcome Data <sup>2</sup>

Establish, collect & report. *Suggested* outcome data:

- School-based Wellness (Attendance, Grades, Classroom Behavior)
- Standardized Screening/Assessment
- Reporting by Self/Family
- Track culture/race/ethnicity/LGBTQ and age.
- Report trends for very small counties.

### Technical Assistance

Communicate successful strategies and programs.

## KEY LOCAL COMPONENTS

**All Ages** - Integrate mental health programs within schools (K-12) and early learning programs (0-5).

**Barriers** - Address barriers of parental consent, referrals, transportation, appointment wait times and privacy concerns.

**Educators** - Attend to educator well-being to reduce stress, burnout and attrition.

**Families** - Connect, communicate, involve and build trust among parents, schools and teachers.

**Prevention & Early Intervention** - P. 4.

**Racial/Ethnic/Cultural** - Programs and services that address racial, ethnic and cultural needs (including LGBTQ).

**Trauma-Informed Care** - Ensure trauma-informed practices, including training for: staff, families and youth.

**Youth** should be integral to planning and implementation, including peer programs.

*Models & strategies follow.*

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## Early Childhood Models <sup>4</sup>

### Early Childhood

#### Mental Health Consultation

- Infants & Young Children
- Families
- Early Care Providers

#### First Steps to Success

- Kindergarten Students
- Teachers
- Families

### Help Me Grow

- Birth to 5 years
- Families
- Health Care Providers

### Triple P

- Mental Health
- Primary Care
- Schools
- Family Advocates

## K-12 Models <sup>6</sup>

Project Cal-Well schools provide activities for **all students** that include positive behavioral interventions and support (PBIS), restorative justice, and social-emotional learning. Professional development training is provided to educators and community members so they can recognize and support students who show signs and symptoms of mental health needs.

### Unconditional Education Model: A Multi-Tiered System (Seneca)

This model is a paradigm shift from traditional service delivery in which students must be referred to special education or mental health services, and those services are delivered by specialists in different settings. In the unconditional Education Model, integrated and coordinated services are available to **all students**, with the belief that each student has the potential to succeed if adults and professionals take the time to understand their past and current needs, and tailor individualized services in response.

### Hathaway-Sycamores School Based Mental Health Model

School based mental health services are provided through full-time therapists and community wellness specialists that are embedded on school campuses. They work closely with educators. **Full provision of mental health services** include: individual, family and group therapy; medication support; rehabilitation services, co-occurring SUD services. Life skills, social skills, coping skills and anger management are provided to students who are at risk and need support to be successful in school.

## K-12 Leaders <sup>5</sup>

Fresno & Sacramento Counties are moving toward integrated school-based MH, including MH clinicians on **every** campus.

**PREVENTION & EARLY INTERVENTION:  
Strategies & Programs for Supporting Healthy Development <sup>7</sup>**

<b>Prenatal</b>	<b>Infancy</b>	<b>Early Childhood</b>	<b>Childhood</b>	<b>Early Adolescence</b>	<b>Adolescence</b>	<b>Young Adulthood</b>
Foundation for mental health and school readiness						
<a href="#"><u>Prenatal Care</u></a>						
<a href="#"><u>Home Visitation Programs</u></a>						
<a href="#"><u>Early Childhood Intervention/SEL</u></a>						
<a href="#"><u>School Climate</u></a> & <a href="#"><u>Mental Health Literacy</u></a>						
←	<b>Enhancing Family Strengths and Parenting Support</b>					→
←	<b>Developmental/Behavioral Health Screening</b>					→
Local planning and coordination						
Training, technical assistance, data & policy						

## End Notes:

1. This issue brief summarizes information from “[Every Young Heart and Mind: Schools as Centers of Wellness](#)”, November 2020 Report, Mental Health Services Oversight & Accountability Commission
2. CALBHB/C’s [Performance Outcome Data Issue Brief](#) provides:
  - a. CA law requiring state agencies to establish performance outcome data measures
  - b. Role of CA’s 59 local mental/behavioral health boards & commissions to review and comment on performance outcome data to the CA Behavioral Health Planning Council
  - c. Links to “promising data” culled and compiled from 59 MHSA plans/updates along with Medi-Cal EQRO and SAMHSA PATH performance outcome data.
3. “[Every Young Heart and Mind: Schools as Centers of Wellness](#)”, MHSOAC, Page 2
4. “[Every Young Heart and Mind: Schools as Centers of Wellness](#)”, MHSOAC, Page 73
5. [Schools and Mental Health Draft Report--Cover Memo on COVID-19 Response](#), MHSOAC, Page 3
6. “[Every Young Heart and Mind: Schools as Centers of Wellness](#)”, MHSOAC, Page 74-75
7. “[Every Young Heart and Mind: Schools as Centers of Wellness](#)”, MHSOAC, Page 20

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions - [www.calbhbc.org](http://www.calbhbc.org)