Schools and Mental Health Project
Summary of Panel Presentations from March 22, 2018 Commission Meeting

Project Background

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is exploring how California schools and counties can address children's mental health needs. The goals of the project are to ensure that children with mental health needs are identified early and receive evidence-based treatment to improve academic and socio-emotional outcomes.

A key aspect of this project is to develop a shared understanding with our stakeholder community as to how we can better meet the mental health needs of children. Under the direction of the Project Subcommittee comprised of Commissioners David Gordon, Gladys Mitchell, and Mara Madrigal-Weiss, we have held a series of public hearings, focus groups, key informant interviews, and site visits. We have learned that there is broad stakeholder consensus for providing mental health services in schools. As a result, we have conducted site visits to elementary schools to learn about the different approaches and models for delivering student mental health services.

The first public hearing before the Commission was held in the early stages of the project and focused on the barriers and challenges to addressing the mental health needs of young students. This meeting as well as subsequent stakeholder engagement activities highlighted the problem of not recognizing and addressing children's mental health needs early to ensure school readiness and success. Thus, as the project has evolved we have begun to consider solutions to the lack of systematic, coordinated early identification strategies. Stakeholders have emphasized the importance of solutions that include the recognition of trauma as an early precursor to emotional and behavioral problems, and that address health and educational disparities in outcomes for children from diverse communities.

Meeting Summary

On March 22, 2018, the Commission held a second public hearing and series of panel presentations to understand the trauma and mental health needs of infants and children, and examine how the mental health and education systems can work more effectively together to recognize early warning signs and intervene. As a key organizing principle of the meeting, panelists discussed the challenges children face growing up in disadvantaged communities and the resulting disparities in educational and mental health outcomes that emerge as a result. Panelist Mr. Curtiss Sarikey (Chief of Staff, Oakland Unified School District) reported that only 29% of African American and Latino boys in West Oakland are kindergarten ready, compared to 82 percent of White boys living in the Oakland hills. As Mr. Sarikey noted, these disparities persist in grade retention, school suspensions and expulsions, and identification for special education, particularly for emotional disturbance.

Panelists emphasized a pressing to change our systems responsible for caring for and educating children to reduce disparities. This system change would involve the recognition that trauma is prevalent in our children, particularly those living in low-income, urban areas who are being

exposed to high rates of family stress and community violence. Panelist and child psychologist Dr. Ghosh-Ippen reported that in a community sample of children ages 3 to 6 years old, almost half had experienced 5 or more traumatic events and 39 percent had post-traumatic stress disorder (PTSD). According to Mr. Sarikey, by the time an African American child in Oakland reaches 5th grade, more than half have had a friend or family members die from violence.

Lived Experience

Panelists and youth advocates Mr. Jakaar Brandon and Ms. Emmerald Evans both gave voice to the statistics above and described a system that failed them. Their stories and lived experience of trauma illustrated a failure to protect and care for our most vulnerable citizens –our children. For Mr. Brandon and Ms. Evans, their primary issues were not behavioral or psychiatric in nature as indicated by the mental health diagnoses given to them by well-meaning professionals. They simply had a fundamental need to feel safe, protected, and loved by their families, teachers, and communities. Each described being a trauma survivor betrayed by those who were supposed to care for them. Over the course of their development, there were many missed opportunities to intervene, and thus, they became part of the California child welfare system. Each described feeling disconnected from their families and struggling to learn in school all while navigating a sea of changing faces and landscapes (new schools, homes, caregivers, teachers, therapists, and counselors).

"One of the biggest things I wish I had going through the foster care system is consistency. You can't grow without consistency and stabilization. There is no way that a person is going to find who they are when going from home to home. Let alone be able open up and try to get help from someone they don't even know…it really is about building relationships." (Emmerald Evans, Founding Member of Seneca Family of Agencies. Youth Advisory Board)

Understanding Early Childhood Mental Health: The Need for Trauma-Informed Approaches

Panelists Dr. Chandra Ghosh-Ippen and Dr. Gustavo Loera discussed how early trauma and other environmental stressors alters the course of healthy child development and puts children at risk for poor outcomes (e.g., social, emotional, and academic). To illustrate how trauma impacts young children and their development, Dr. Ghosh-Ippen presented a case study of a child "Gabriel" who in Kindergarten was displaying aggression and ADHD-type symptoms such as inattention and hyperactivity. As Dr. Ghosh-Ippen and other panelists pointed out, we as educators and mental health professionals should not be focused on what is wrong with Gabriel. Instead, we should be asking the question "What happened to Gabriel?" Gabriel's family struggled with poverty and house instability, and he experienced multiple traumas over the first five years of his life including domestic violence and witnessing his father being arrested by the police. These events were happening to Gabriel at a time when his brain was rapidly developing. As Dr. Ghosh Ippen stated, "Trauma is powerful learning." In each traumatic moment, children are learning lifelong lessons about themselves and the world (e.g., whether they are safe, lovable, capable, etc., and whether other people can be trusted). Lessons rooted in trauma dysregulate the internal world of the child and their ability to regulate emotions, control their behavior, and feel safe in their own bodies. Thus, Gabriel was unable to learn or thrive in a classroom setting until his basic needs for safety and security could be addressed.

"A traumatic experience consists of different traumatic moments that are encoded in the brain and body at multiple levels" (NCTSN Core Curriculum for Childhood Trauma)

Dr. Loera discussed the vicious cycle of poverty and mental illness and how living in poverty increases a child's risk of trauma, and therefore developing a mental disorder. He focused his presentation on children living in undocumented Latino immigrant families who face similar challenges to other children living in poverty but who also live with the fear and uncertainty of family separation and deportation. Furthermore, these children and their families may not seek help when there is a family health or mental health crisis because of stringent immigration policies. According to Dr. Loera, Latino children are 3 times more likely than White children to have an unmet mental health need.

Enhancing Prevention and Early Intervention: The Early Years Provide a Critical Window of Opportunity

Given the high rates of child poverty in California and the common occurrence of trauma in young lives, the panel presenters emphasized the need for greater collaboration and coordination across agencies and community providers to achieve collective impact. This would involve systems change and having formal mechanisms in place to expand the capacity of communities and schools to work together to screen, assess risk, and intervene as early as possible in development.

Such efforts are particularly critical in the first five years of life, which are the foundational years for brain development, mental wellness, and learning. According to panelist Ms. Heather Little of First 5 California, only 29 percent of young children receive timely developmental screenings by health care providers (ranking California 30th in the nation). Ms. Little stated that even when these screenings are completed, they typically do not include a formal, structured assessment of a child's trauma history, mental health, or social and emotional functioning.

As a result, First 5 has implemented Help Me Grow (HMG) in counties across California. Help Me Grow is a system model that works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential. HMG is a system leverages community resources to identify young children at risk, link families to community resources, and empower families to support their child's development. This system educates and encourages health care providers to conduct systematic screening of young children, and provides a Centralized Access Point for providers, families and others to obtain information, support, and referrals. Yolo County has recently partnered with First 5 Yolo, using Mental Health Services Act (MHSA) funds to implement HMG Yolo. Ms. Little reports that in the first half of this fiscal year, HMG Yolo has already screened more children and families than they had in the previous year.

Similar efforts to build and enhance community partnerships have been underway across California. Panelist Dr. Natalie Woods Andrews of the Sacramento County Office of Education (SCOE), described SCOE's efforts to create a *roadmap* to address the needs of children in the prenatal period through early elementary school (up to age 8). The *Sacramento County Early Learning Roadmap* was the result of a 15-month robust stakeholder engagement and planning process to create a vision for how Sacramento County could work collectively to support children's learning and development. The *Roapmap* identifies 5 priority areas and recommendations, and outlines a 5-year plan to achieve its goals:

1. Promote, develop, and implement an integrated system of comprehensive services for children and families.
2. Provide quality universal early learning experiences and services that support all children served in public and private early learning environments.
3. Engage families as vital partners in children's learning and development and develop and expand community partnerships that increase outreach and access to services and resources for all children and their families.
4. Improve the quality of early learning programs and establish communication systems to ensure seamless transitions from prenatal through age eight.
5. Early Learning Workforce Recruitment, Retention, and Professional Development – Promote recruitment, retention, and professionalism of a diverse early learning workforce.

To address the first priority area, Sacramento County has implemented HMG as an integrated system for providing comprehensives services and supports to children and families.

Similarly school districts have had to take a creative approach to building community partnerships to support the needs of the whole child. One such example was presented to the Commission by Superintendent Ruben Reyes of the Robla School District which serves students in preschool through sixth grade. The vast majority of these students live in poverty (93 percent), and 1 in 4 live families are considered homeless by definition. To address the complex needs of these students, Robla has adopted a multi-faceted approach including the hiring of school social workers, building a positive school climate so that children feel safe, and increasing family involvement in their child's education. As an early intervention strategy, the social workers work primarily with at-risk students in Kindergarten through 2nd grade to address mental health needs. These social workers are also integral to building relationships in the community, linking children and families to needed services and supports (e.g., housing, food, and mental health services), and providing ongoing care coordination.

Another Panelist Ron Powell spoke about Desert Mountain SELPA (a consortium of school districts and LEA charter schools) in San Bernardino County and how the provision of children's mental health services were shaped by the characteristics of the region – a large rural area with high rates of poverty. As Mr. Powell stated, the size and scope of need naturally lent itself to collaboration among agencies, schools, and community providers "to get things done." After the passage of AB 3632 under which educationally-related mental health services (ERMHS) were

provided by county mental health and child welfare departments, Desert/Mountain SELPA began providing mental health services to children at school because it was not feasible to transport them offsite. They were able to expand services in schools by entering into a contract with the San Bernardino County Department of Mental Health to provide school-based Early Periodic,

Screening, Diagnosis, and Treatment (EPSDT) mental health services for children eligible for Medi-Cal. Hence, the Desert/Mountain Children's Center was established under the administrative umbrella of the Office of San Bernardino County Superintendent of Schools. Other programs followed including the first screening, assessment, referral, and treatment (SART) clinic in the county that was funded primarily through EPSDT funds from the county with a local match from First 5.

Mr. Powell outlined three keys lessors learned through his work with Desert Mountain/SELPA. The first is that EPSDT is the "backbone of sustainable programs." However, he said that supplemental funding is also needed and can be sustained by weaving together various programs (e.g., PEI, First 5) as they did at Desert Mountain/SELPA. Mr. Powell also emphasized that there must be a lead agency to coordinate collaborative efforts. Lastly, he states that we are "barely scratching the surface of need" among young children living in high risk environments and that we must increase the capacity of communities to build resilience in children and families.

Strengthening California's Response to Children's Mental Health Needs

Mr. Ted Lempert, the Executive Director of Children Now reminded the Commissioners and the audience that 50 years ago in California, schools were central to communities in tending to both the health and learning needs of students. Fast forward to today, Mr. Lempert stated there is a pressing for the State to prioritize children, breakdown the silos, and provide guidance to counties and local agencies. In the 2018 California Children's Report Card, the state was given a grade of D+ in providing quality and accessible mental health services and supports. According to the report, only 35 percent of California children with a reported mental health need, received counseling.

Mr. Lempert and Mr. Sarikey outlined a series of recommendations to strengthen policy and practice at the state and local levels to advance the mental wellness of children and families:

1. Develop a council of State agencies and other stakeholders to address children's mental health.
2. Identify successful County PEI programs and collaborate with them to educate lawmakers and bring them to scale in other counties.
3. Engage parents/caregivers and ensure that they are part of developing PEI programs.
4. Begin mental health interventions early in life by expanding home visitation programs to support the caregiver-infant bond.
5. Adopt culturally appropriate screening, outreach, and referral processes for all infants and young children.
6. Bring social and emotional learning (SEL) programs to scale, and develop an integrative model of SEL that includes trauma-informed practice, restorative justice, mental health, cultural, and parent and student engagement.

7. Establish funding streams and mechanisms (in addition to EPSDT) to provide a continuum of mental health services (outside of special education) in schools.

Key Themes

The Commission meeting panelists provided insights and recommendations for improving the delivery of mental health services to children. These solutions and are organized into five key themes. At the heart of each theme is thinking about solutions for how we can help children feel safe, create positive experiences for them, and meet their physical, social, and emotional needs at each stage of development.

Panel Presentations – Key Themes

- Adopting a lifespan, contextual, and trauma-informed approach to children's learning and mental health (Asking the question "What happened to you?")
- Creating a "circle of security" as a preventative strategy beginning at birth (parent education, training, and support) and continuing throughout childhood (school climate, teaching training).
- Enhancing system-wide early screening and intervention efforts.
- Building the capacity to support early learning and socio-emotional health through cross-sector partnerships and collaborations (bridging silos) at the state and local level.
- Increasing the availability of mental health services in school settings to meet families and children where they are at.

A major theme of the panel presentations is forging a paradigm shift in how we think about and address children's mental health needs. Such a shift would require understanding a child's developmental trajectory (a Lifespan approach) and linking what has happened to children early in their development to their current emotional and behavioral challenges. As panelist Dr. Ghosh Ippen stated, we often ask the wrong question in our efforts to understand a child (*What is wrong with them?*). Instead, we should be asking the question "*What has happened to you*?" When a child misbehaves in some fashion, whether it be refusing to share a toy or hitting a classmate, we should know something about that child's history, and ask the question, "What is happening from an interpersonal, neurobiological perspective?" Focusing solely on a mental health diagnosis as an explanatory framework can obscure a child's history. For children who have experienced trauma, there are many triggers at school and in the environment that can prompt emotional and behavioral reactions that are unwanted by adults. As Dr. Ghosh Ippen said, trauma is not something you cure, it is something you manage like asthma (disease management approach). Panelist Ron Powell pointed out that there is a single antidote for trauma and that is the presence of at least one stable, caring and adult in the child's life.

Another theme is creating a "circle of security" for children to thrive at each phase of their development by building safe and healthy families, schools, and communities. This circle of

security begins with the family and building relational resources to buffer children from stress and enhance resilience. Thus, as panelist Ted Lempert recommended, we need to begin building the "circle of security" at birth and expand home visitation programs to improve maternal mental health and strengthen the attachment bond. As the children develop, the circles expands to include early child care professionals and teachers who need ongoing training and support in early childhood mental health and trauma-informed practice.

Panelist Ron Powell noted that we must have many points of intervention upstream "before the child goes over the waterfall." Screening children early and intervening is another key theme derived from the panel presentations. Models such as HMG increases the system-wide capacity of communities to reach the goal of regularly screening each child (birth to 5). Such efforts could be brought to scale through PEI funding and other funding mechanisms such as EPSDT.

All panelists referenced in their presentations the need to bridge silos both at the state and county levels. Panelists provided compelling examples of programs that increase the capacity of communities to support children and families by leveraging resources across local agencies. The Sacramento County Early Learning Roadmap is one such example of realizing this vision by bringing the people of a community together to ensure that all children have a strong foundation for mental wellness and learning.

The last key theme is to increase access to mental health services in school settings, particularly for those children who do not qualify for special education services. Desert Mountain/SELPA is an example of the ability of a rural community to increase access to services in schools through becoming an EPSDT contracted provider. However, as panelist Mr. Sarikey noted EPSDT funding has restrictions and thus we must figure out how to increase the ability of schools to provide a broader array or services and supports outside what is covered under EPSDT.

All of the above themes converge in the development of a comprehensive, integrated, and trauma-informed prevention and early intervention system of local services and supports for families of infants and young children. As we consider such efforts in moving forward, we must remember the words of Dr. Bruce Perry "Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people."

Next Steps

The next steps of the project are to continue to build a coalition of support around the project, fill in any gaps in knowledge, evaluate the need for additional support stakeholder engagement activities, and draft a series of actionable recommendations to be reviewed by the Subcommittee Workgroup. At the recommendation of stakeholder groups, we will hold a meeting in the Summer of 2018 to understand the association between gender development in children and mental health, and how schools and communities can support children who are gender expansive (or non-conforming) to reduce their risk of poor mental health and educational outcomes.