

Schools and Mental Health Project Summary of December 6, 2016 Subcommittee Workgroup Meeting

The Mental Health Services Oversight and Accountability Commission (MHSOAC) implements policy projects based on priorities identified by the Commission. These priority areas include crisis services for children, and diversion and treatment options for persons with mental health needs who become involved in the criminal justice system. Project findings may be used to guide statewide legislative action or prioritize county services to better serve specific California populations. All aspects of these projects, from identifying key challenges, potential solutions, and recommendations for the implementation of proposed solutions, are overseen by a subcommittee of the Commission. Stakeholders and the public are invited to participate in discussions and contribute to defining the key challenges, solutions, and strategies for implementation at project subcommittee meetings and public hearings and as participants in focus group research activities.

The subcommittee for the Schools and Mental Health project is Sacramento County Superintendent of Schools and Commissioner David Gordon (chair), Commissioner Richard Van Horn, and Commissioner Gladys Mitchell. This project was formally launched on December 6, 2016 with a subcommittee workgroup meeting at the Greater Sacramento Urban League and included over 100 attendees from over 50 organizations. The meeting began with introductory comments by subcommittee members and State Senator and Commissioner Jim Beall.

In his introductory remarks, Commissioner Gordon outlined four goals for the Schools and Mental Health project:

1. Bring education and mental health partners closer together in the interest of providing higher quality, more timely services.
2. Encourage innovation in services for young children with mental health needs.
3. Break the “fail first” paradigm; promote the earliest possible interventions with young people and families, including pre-school education.
4. Head off early learning problems from becoming life-long problems.

State Senator Jim Beall stated that the project should focus on methods to link schools and health care together for an integrated health care system that helps teachers, students, and families deal as early as possible with mental health issues. In line with Commissioner Gordon’s comments, State Senator Beall emphasized that services should be available for children from 0 to 5 years, pre-Kindergarten, and early childhood education.

Commissioner Mitchell shared her lived experiences and stressed the importance of parents/caregivers as advocates for their children with mental health needs. She recounted the time and efforts required to navigate the systems to obtain appropriate services for her child, and noted that many parents do not have the time and perseverance as she had to ensure their children receive appropriate services.

Information shared in presentations and communicated during the subsequent public comment confirmed the main messages of the Commissioners, and further explicated the scope of the problem, the barriers to effectively identifying and treating children in need of mental health

services, and how systems or treatment options could or need to change. This information is summarized in the following sections.

Commissioners' Main Messages

1. Mental health services should be available to young children as early as possible, before and at pre-school.
 2. Untreated needs affect early learning and lead to life-long problems.
 3. Education and mental health services must be better integrated.
 4. Parents/caregivers are vital to effective treatment and should be a partner with educators in decisions on children's mental health needs and treatments.
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The Extent of the Problem

Across the United States, up to 20% of children experience a mental health disorder each year; in California, 21% of students are estimated to have mental health needs. Yet, only 20% of students of those in need receive treatment. Certain racial/ethnic groups are disproportionately affected; for example, Native American youth have a higher suicide rate than any other ethnicity.

Mental health services are available for those California students eligible for special education. However, in order to receive mental health services as part of a student's individualized education program (IEP), the mental health needs of the student must negatively impact the student's educational progress. Educators, mental health practitioners, and researchers agree that it is not ideal to have needs progress to the point where emotional and behavioral challenges impact educational progress. In fact, appropriate prevention and early intervention services can circumvent the need for special education services in some cases. At the individual level, students receiving special education services under the disability of "emotional disturbance" have poorer outcomes than students who are placed under one of the other 12 disability categories. At the societal level, the costs are much higher when student mental health needs are not addressed early.

Finally, special education alone does not adequately address the more advanced mental health needs of California students. The State Auditor, for example, estimates that 700,000 students, or 11% of the California student population, suffer from a significant emotional disturbance. Yet, less than 2% of students in California receive mental health services through special education each year. As noted by Kristen Wright, Director of the Special Education Division, California Department of Education, special education services are designed to supplement and not supplant mental health services.

Barriers to Effective Services

Teacher training in California does not include instruction on assessing and educating children with mental health needs. As one meeting attendee noted, teachers, including preschool teachers, "often know that something isn't right with a student, but don't know what to do."

At the systems level, challenges to effectively educating children with mental health needs include coordination between schools and community and mental health providers. Barriers to such coordination are identified as lack of knowledge among school staff and administrators regarding available programs and resources; lack of clarity or procedures regarding the referrals; the timely exchange of information as the student's needs change, privacy concerns, and funding limitations and restrictions. There is a lack of a systematic structure for prevention, identification, and intermediate and intensive supports for children.

Barriers outside of the school include counties inability to meet the needs of referred student and families due to shortages in mental health professionals, especially bi-lingual clinicians.

Solutions

Mental health needs among young children are best addressed by a responsive multi-tiered systems framework with a continuum of supports for children and families, such as the Positive Behavioral Interventions and Supports (PBIS) framework. PBIS provides the framework for education and prevention services for all students and targeted or intensive interventions for those identified as most in need. For those in need, individual student plans and progress are based on a cycle of collecting and reviewing empirical data. PBIS and similar approaches help students prior to the need for special education and intensify the level of services that are available to children who do need special education.

The components of a multi-tiered approach include training of school staff, an on-site mental health professional, and a strong partnership and collaborative between schools and county behavioral health departments, service providers, and family members. PBIS provides a framework for schools to create an environment that is positive; can be measured; is responsive to student and family needs; and to which a continuum of practices can support strong education outcomes, healthy environments, and engage with children and families.

Training is needed to empower teachers and staff with information necessary to assess and intervene appropriately, and should include gender and cultural sensitivity. An on-site mental health professional (e.g., social worker or clinician) is needed to develop and support integrated partnerships among school staff and across community organizations, to provide direct services including case management, and to work with families to make effective referrals outside of the school.

Next Steps

The information obtained from the December 06, 2016 Subcommittee Workgroup meeting and the public hearing at the January 26, 2017 Commission meeting will be used to develop and implement a pilot intervention in volunteer school districts and counties. The proposed pilot intervention and study design will be reviewed at a Subcommittee Workgroup meeting in April and initiated in late 2017. The evaluation will examine both the effectiveness and cost-benefits of the intervention. Future research activities will also include focus groups with parents and school staff with lived experiences.

Acknowledgements

The success of the December 6, 2016 Subcommittee Workgroup meeting was due to the presenters and the support of Superintendent Ruben Reyes of the Robla School District, Kevin Daniels from the Greater Sacramento Urban League, and Vice Principal Wesley Marshall of Grant Union High School.

Appendix A: Presenters, December 6, 2016 Subcommittee Workgroup Meeting

Michael Lombardo, Executive Director of Prevention Services and Supports, PBIS Project Director, Placer County Office of Education, and Coordinator of the California PBIS Coalition

Daniela Guarnizo, NAMI California

Lisa Hall, Principal of Bell Avenue Elementary School, Robla School District

Laura Lystrup, Director of Early Childhood and Special Education Programs, Robla School District

Kristin Wright, Director of the Special Education Division, California Department of Education, and parent of a child with mental health needs

Appendix B: Representatives from the Following Organizations Attended the December 6, 2016 Subcommittee Workgroup Meeting

State Agencies and Organizations

- Association of California School Administrators
- California Association of Marriage and Family Therapists
- California Association of Mental Health Peer-Run Organizations
- California Association of School Psychologists
- California Charter Schools Association
- California Council of Community Behavioral Health Agencies
- California Department of Education
- California Department of Public Health
- California Mental Health Services Authority
- California State PTA
- California Teachers Association
- Special Education Local Plan Area (SELPA) Administrators of California
- The California Association of School Counselors

Local Agencies and Organizations

- Children and Families Commission of Orange County
- Elk Grove Unified School District
- First 5 Sacramento
- Kings County Behavioral Health
- Nevada County Behavioral Health
- Orange County Department of Education
- Orange County Health Care Agency
- Placer County Health and Human Services
- Robla School District
- Riverside University Health System – Behavioral Health
- Sacramento City Unified School District
- Sacramento County Office of Education
- Sacramento County SELPA
- Santa Clara County Behavioral Health
- Santa Clara County Office of Education
- Solano SELPA
- Slavic Assistance Center
- Tehama County SELPA
- Twin Rivers Unified School District

Advocacy and Other Partners

- Breaking Barriers
- California Mental Health Planning Council
- California Pan-Ethnic Health Network

- California School-Based Health Alliance
- Casa Pacifica Centers for Children and Families
- Mental Health America of California
- Mental Health America of Northern California (NorCal MHA)
- La Familia Counseling
- NAMI California
- Native American Health Center
- Parent's Anonymous
- Racial and Ethnic Mental Health Disparities Coalition
- Resource Development Associates
- Seneca Family of Agencies
- Stanford Youth Solutions
- Steinberg Institute
- The California Alliance of Child and Family Services
- UC Davis CAARE (Children and Adolescent Abuse Resources and Evaluation) Center
- United Advocates for Children and Families