



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services  
Oversight & Accountability Commission

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## Commission Meeting August 22, 2024 Presentations and Handouts

- Announcements:** •Handout: MHSOAC – 2024 Legislative Update August 2024
- Agenda Item 6:** •Presentation: Full Service Partnerships Funding Proposal
- Agenda Item 7:** •Handout: Executive Summary - Report to the Legislature on the Mental Health Student Services Act
- Presentation: Report to the Legislature on the Mental Health Student Services Act
- Presentation: Creating Opportunities for Preventing & Eliminating Suicide (COPES)
- Handout: COPES Year Two Highlights
- Presentation: MHSSA Update
- Agenda Item 9:** •Presentation: Proposition 1 Implementation: Exploring Commission Opportunities

## MHSOAC – 2024 Legislative Update

August 2024

### **AB 1282 (Lowenthal) Social Media & Youth Mental Health – On the Senate Floor**

AB 1282 would require the Commission to develop a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth.

### **AB 2161 (Arambula) Early Psychosis Intervention – No Longer Moving Forward**

AB 2161 would have required the Commission to work with the Department of Health Care Services to develop a strategic plan to improve California’s response to early psychosis, including but not limited to finance, workforce, technical assistance and training, research and evaluation, accountability strategies, public understanding and awareness, outreach and education. The bill would have also required the Department of Health Care Services to seek to partner with the University of California to develop a plan to establish a Center for Practice Innovations to promote the widespread availability of evidence-based practices, including early-psychosis intervention, to improve behavioral health services.

### **AB 2352 (Irwin) Psychiatric Advance Directives – No Longer Moving Forward**

This bill would have specified the requirements for formation of a written or digital psychiatric advance directive (PAD) and specified how a PAD may be used in numerous healthcare and legal settings.

### **AB 2411 (Carrillo) Youth Mental Health Boards – No Longer Moving Forward**

This bill would have established local youth mental health advisory boards to provide youth with a platform to better advocate for effective and quality mental health programs.

### **Assembly Bill 2711 (Ramos) Suspensions and Expulsions –On the Senate Floor**

This bill would prohibit a pupil who voluntarily discloses their use of a controlled substance, alcohol, tobacco product or intoxicant of any kind in order to seek help through services or supports from being suspended solely for that disclosure.

### **SB 1318 (Wahab) School Crisis Policies –On the Assembly Floor**

This bill would require the California Department of Education (CDE) to update its model student suicide prevention policy to include crisis intervention protocols in the event of a student suicide crisis. The bill would also require local educational agencies to update their student suicide prevention policies to include these crisis intervention protocols.

### **SB 1472 (Limón) Do Not Sell List - No Longer Moving Forward**

This bill would have required the Department of Justice (DOJ) to develop and launch a system to allow a California resident to voluntarily add their own name to the California Do Not Sell List, with the goal of preventing a person on that list from being sold or transferred a firearm.

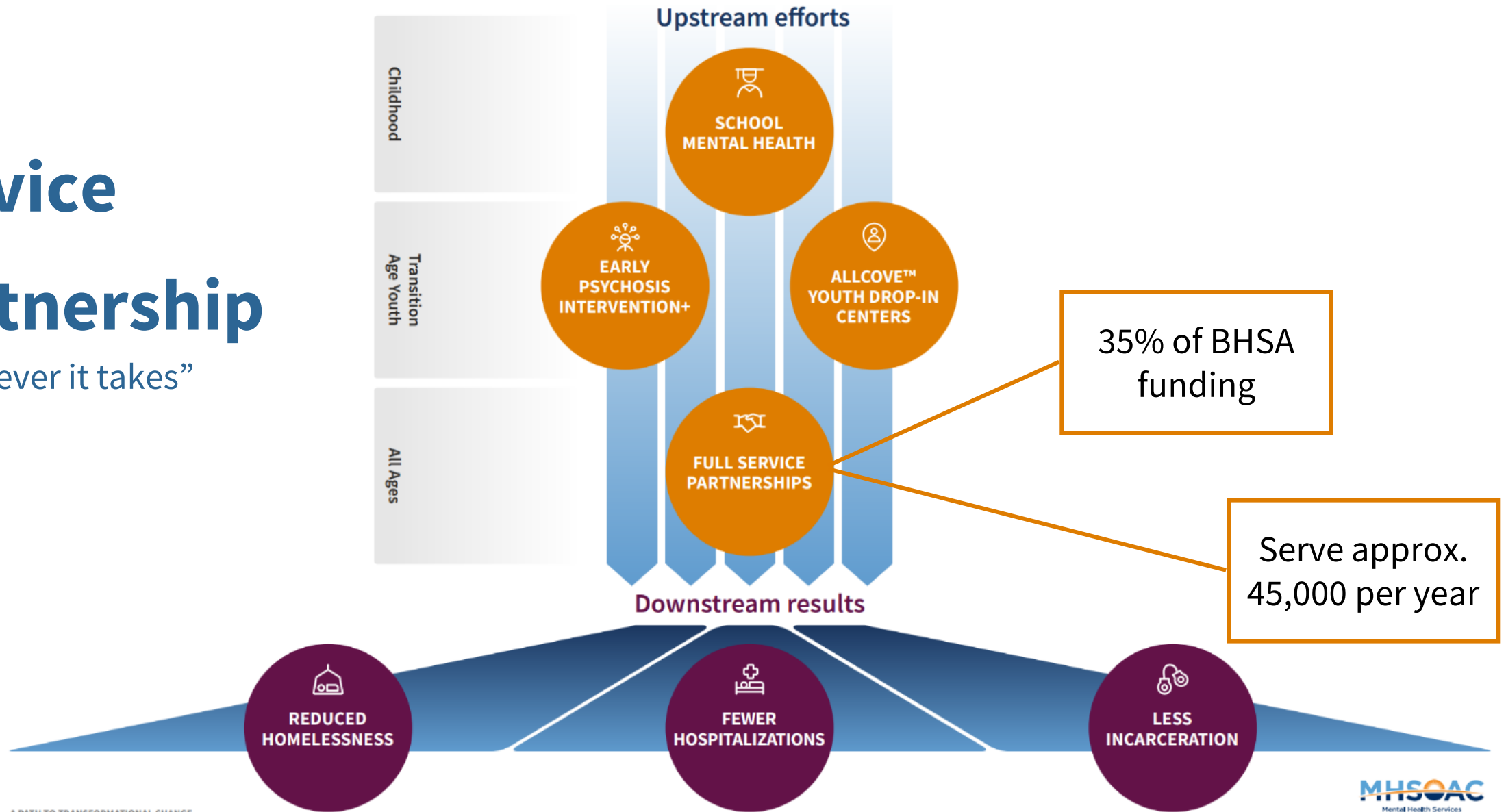
A person is seen from behind, climbing a rope structure. The person's hair is blowing in the wind. The background is a sunset over the ocean, with the sun low on the horizon, creating a bright glow and lens flare. The sky is filled with soft, colorful clouds. The overall mood is one of challenge and achievement.

# FULL SERVICE PARTNERSHIPS Funding Proposal

August 2024

# Full Service Partnership

“whatever it takes”



# Our Learning Efforts



**Public Hearings**

**Focus Groups**

**Listening Sessions**

**Interviews**

**Research**

**Site Visits**

**Statewide Survey**

**County Deep Dives**

# Our Findings

## Strengths

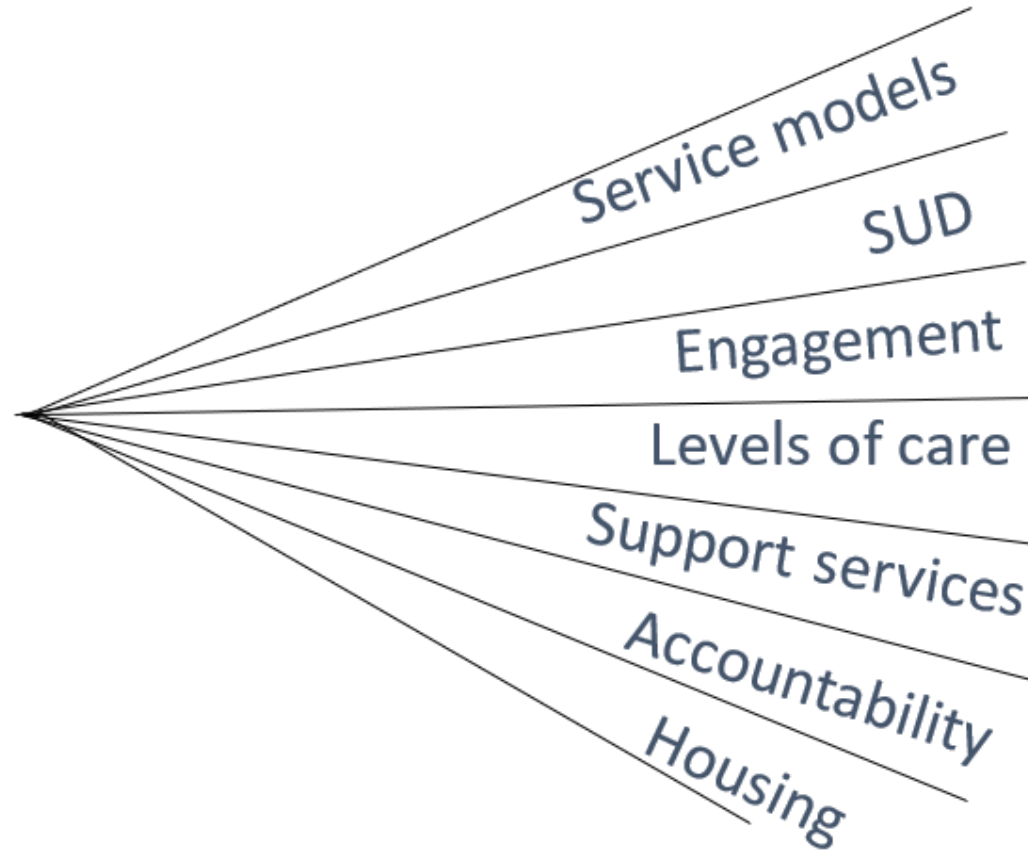
- High level of state investment
- Serve those highest in need
- FSPs can be highly effective
- Professional and compassionate

## Areas of Opportunity

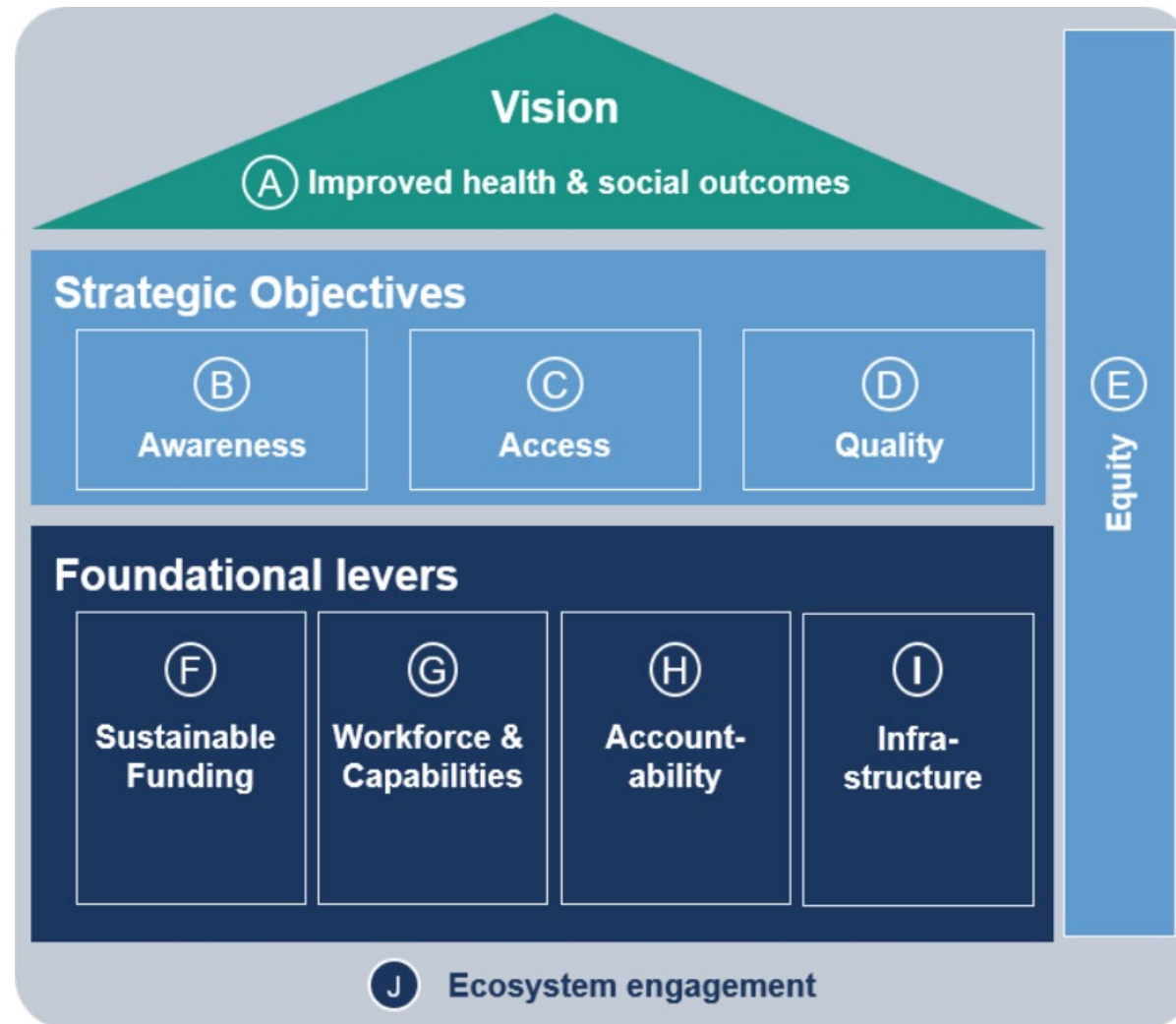
- Strengthen data infrastructure
- Develop new funding models
- Increase workforce pool and stability
- Improve public awareness
- Increase access
- Drive equitable outcomes

# Transformational Change in Behavioral Health

Prop 1



# Alignment with Commission Goals







*In February, the Commission approved the setting aside of \$20 million in MHWA funds to address the following in FSPs:*

**\$20 million  
MHWA funds  
(previously set aside)**

- **Sustainable funding:** restructure current funding models to increase efficiency and impact
- **Workforce and capabilities:** Supporting innovative workforce development solutions
- **Accountability:** Define success, develop metrics, and identify key client outcomes; and improve data collection and standardize reporting statewide
- **Infrastructure:** Strengthen current service delivery models connected to the broader continuum of care



**\$10 million  
MHWA funds  
(previously set aside)**

***Technical Assistance and Capacity Building with a focus on:***

- ***Value-based contracting and performance management***
- ***Improved service delivery***

**FUNDING:** Competitive bid, \$10M

Proposals will be judged on:

- Alignment with stated focus areas
- Scope and scale of impact
- Ability to reduce disparities culturally, linguistically or for individuals with disabilities
- Dedicated capacity and resources to meet the stated goals
- Familiarity with California's behavioral health systems
- Strength of relationship with stakeholders (FSP providers, clients, families, peers, and state and county behavioral health entities)
- Potential for lasting, positive impact on the continuum of care



# Thank You

**MHSOAC**

Mental Health Services  
Oversight & Accountability Commission

**Executive Summary**

**Report to the Legislature on the**

**Mental Health Student Services Act**

By the Mental Health Services Oversight and Accountability Commission  
Submitted to the Fiscal and Policy Committees of the Legislature  
August 2024

## **Executive Summary**

In testimony before the Commission in July 2024, Kana Enomoto with the McKinsey Health Institute, shared that a high school student in San Diego recently brought a knife to school. A trusted teacher worked with the student to secure the knife and asked why he brought it to school. The student shared that the voices in his head told him someone at school was trying to hurt him. The school mental health team was able to refer the student to behavioral health services to address the psychosis that led to him being armed on a school campus. Without the trust and training the teacher and the school mental health team brought to school that day, the scenario of a student bringing a knife to school could have resulted in a very different outcome.

As reflected in this example, California's behavioral health and education leaders are making significant progress in developing, strengthening, and scaling strategies to ensure that schools represent robust opportunities to serve the behavioral health needs of students. - Teachers and educational staff are being provided with training to understand and recognize mental health challenges. School mental health funding is supporting on-campus wellness centers and on-site behavioral health services and supports. State investments are supporting stigma reduction, youth engagement, suicide prevention, social emotional learning, and more.

The Commission is funding school mental health learning collaboratives focused on sustainable financing, meeting workforce needs, strengthening and streamlining data collection and utilization, and building the collaborative partnerships across community behavioral health and educational systems that are essential to meeting the behavioral health needs of students and supporting positive educational outcomes.

Yet many challenges remain.

Recent investments in school mental health have relied heavily on one-time funds, including under the Mental Health Student Services Act (MHSSA). Under the Child and Youth Behavioral Health Initiative, the Department of Health Care Services (DHCS) is leading efforts to shift reliance on short-term grant funding to durable financing strategies that tap into health care insurance resources. DHCS is standing up a digital behavioral health strategy that can provide on-demand services and supports to all youth, that has the potential to improve the efficiency of traditional clinical care services and expand support to all children and youth.

These investments recognize that the peak and median age at onset for any mental health disorder are 14.5 years and 18 years.<sup>1</sup> Unmet mental health needs can disrupt learning and lead to negative student academic outcomes such as chronic absenteeism, poor grades, and eventually failing to graduate from high school. Schools are at the front lines of engaging young people to improve understanding and awareness of what constitutes mental health and mental illness, to promote well-being, to create pathways to care through robust referrals and, in some cases, access to behavioral health supports on campus.

The Commission's implementation of the MHSSA, within the broader work of the Child and Youth Behavioral Health Initiative has reached 57 out of 58 counties—only Alpine County which has the smallest population of any county in California is not represented in the grants. California's \$255 million in MHSSA grants have reached approximately 440 school districts—45% of districts across the state—and 2,100 schools, just under 25% of all California schools (see MHSSA At-a-Glance graphic).

The Commission is aware that these investment dollars would not reach all students in all schools across the State of California. Instead, grantees could prioritize highest need districts/schools and tailor MHSSA activities and services to meet local needs. Some grantees have focused on capacity building and training on the county and districts levels. Others have directed their dollars toward universal, schoolwide prevention efforts (Tier 1), such as suicide prevention and social-emotional learning curricula. Some have prioritized hiring behavioral health staff to provide individual counseling, crisis and related services to students (Tier 3).

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<sup>1</sup> Solmi, M., Radua, J., Olivola, M. *et al.* Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry* **27**, 281–295 (2022). <https://doi.org/10.1038/s41380-021-01161-7>

# MHSSA at-a-Glance<sup>1</sup>



**\$255 million**

invested in MHSSA to build and strengthen partnerships between county behavioral health, education, and other partners



**57 of 58**

California counties are served by MHSSA, as well as the city municipalities of Berkeley and Tri-City

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**57**  
county behavioral health departments


**50**  
county offices of education/superintendent of schools

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Approximately

<b>440</b> school districts	<b>2,100</b> schools
<b>220</b> charter schools	<b>39</b> community-based organizations

MHSSA activities and services are tailored to meet local needs and include:



- TIER 3**  
intensive interventions
- TIER 2**  
targeted and early interventions
- TIER 1**  
universal or schoolwide (all students) prevention
- IMPLEMENTATION SUPPORT**  
(teaming, capacity building, and training)

Approximately

<b>242,000</b> students received Tier 1 services	<b>12,000</b> students received Tier 2/3 services
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through MHSSA in 2022-23, according to grant partner reports

**480**

staff hired by grant partners to provide direct services and support administration, partnership development, and coordination, through MHSSA

To support quality improvement and evaluation, the Commission:

- Established an MHSSA Learning Collaborative that meets quarterly and has grown to over 300 members since its inception in 2020
- Partnered with WestEd to plan an evaluation of MHSSA that includes development of statewide school mental health metrics and a monitoring and reporting system
- Is implementing a statewide school mental health technical assistance strategy to support MHSSA grant partners in overcoming barriers and challenges

<sup>1</sup>Information contained in this report comes from several sources of data that the Commission collects from MHSSA grant partners in each of the 57 participating counties and city municipalities: grant summaries, monthly update reports, quarterly hiring reports, annual fiscal reports, site visits, and data on services and students served.

## What Youth are Saying About School Mental Health

The Commission works across its initiatives to elevate youth voice. The school mental health initiative has leveraged the Commission’s youth advocacy work designed to increase youth voice and participation through targeted conversations about school-based mental health. Listening sessions with youth were held in Fresno, Humboldt, Sacramento, and San Bernardino counties and their adjacent counties.

In conversations with these youth, they shared what was most important to them:

- **School environments that support well-being (e.g., low stress, no bullying and everyone getting along).**

*“A school that centers well-being looks like] no kids fighting and arguing in schools, no one running down the halls screaming. Just everyone going to class doing what they need to do.” —Youth*

- **Having trusted adults provide safe spaces at school.**

*“It is important that school staff exhibit safe space behavior—that they practice inclusivity and open-mindedness and promote students to speak respectfully and thoughtfully and [have] open-door policies.” —Youth*

- **Increased mental health awareness training and resources for seeking help.**

*“[It is good] if more students are reaching out to get resources. If there are a lot of resources, it’s not always very effective, because students either aren’t aware of their own mental health to know they need help or are otherwise hesitating to reach out.” —Youth*

- **Increased access to peer services (services provided by youth for youth)**

*“Kids who are considered “bad kids” or are causing trouble need support. They often are misunderstood and are for the most part going through a lot, feel alone, and feel like outcasts. School may not resolve these issues. Students need to be heard. Peer counseling can reach kids more successfully than adults who often seem like they are lecturing.” —Youth*



## MHSSA Implementation Successes

MHSSA grant partners report successes in building strong partnerships, transforming schools into centers of wellness by expanding a continuum of school-based mental health services, and providing students and families with access to services that are making a difference in their lives. The following themes emerged as successes of MHSSA from the grantee perspective.

### ***MHSSA deepens partnerships at the local level***

Local county partners report that MHSSA funding has deepened and enhanced partnerships between K-12 education and county mental health. This includes greater trust and collaboration, improved service coordination for students and families, and leveraging Medical and private insurance to cover the cost of services.

### ***MHSSA expands the continuum of mental health services in schools***

As summarized above, MHSSA through local partnerships has expanded a continuum of Tiers I, II, and III services, and crisis services on school campus. These are services that would have not been available otherwise, with over 250,000 students served.

### ***MHSSA increases awareness and destigmatizes mental health***

By providing outreach/training and expanding the continuum of services and supports, grant partners report increasing mental health awareness and the normalization of students seeking services on school campuses.

### ***MHSSA services are making a difference in the lives of students and families***

MHSSA grant partners regularly share with Commission staff stories about how MHSSA is making a difference in the lives of students and families. Anecdotal reports from grant partners demonstrate the different ways that MHSSA services are improving student outcomes.

### ***MHSSA services engage and educate parents and caregivers***

Grant partners report that providing individual counseling to students on school campuses has enabled them to involve families in treatment and provide them with education to help them better understand and support their child.

## Lessons Learned

The following are key lessons the Commission has learned from grant and community partners during MHSSA implementation:

1. **Local MHSSA activities and services are heterogenous and tailored to meet local needs and gaps in services.** Allowing MHSSA grant partners the flexibility to respond to local needs has been a successful feature of the MHSSA grant program but has also presented challenges for conducting a statewide evaluation and establishing consistent metrics for monitoring and reporting.
2. **The need for school-based or school-linked mental health services often exceeds local capacity and requires additional funding and sustainability planning.** MHSSA grant partners report that the demand for Tiers 2 and 3 services on school campuses is often higher than the availability of services, especially when they are unable to hire and retain licensed mental health staff.
3. **Mental health professional shortages continue to impact access to and provision of school mental health services.** Hiring and retaining staff continues to be a challenge for MHSSA grant partners, especially in rural counties with mental health professional shortages.
4. **MHSSA grant partners want and need more technical assistance from the State, particularly in sustaining services after the grant ends.** Grant partners report needing ongoing technical assistance in the areas of partnership development, program implementation, workforce development, data collection and reporting, and sustainability.
5. **School mental health standards are needed in California to drive quality improvement.** In California, there are no agreed upon standards or metrics for school mental health to monitor implementation and outcomes.
6. **Alignment of California's school mental health initiatives is important for local success.** Multiple youth and school mental health funding initiatives in California have benefited local communities, but also created stress and overburdened staff who prepare grant proposals, manage different grant programs, track different funding streams, and must meet different reporting requirements.

These lessons learned provide a roadmap for what California should prioritize next to continue moving closer toward the vision of schools as centers for wellness<sup>2</sup>. To achieve this vision will require effective comprehensive school mental health systems which promote positive school climate and support the mental health and wellness needs of students and school staff. Through MHSSA, the Child and Youth Behavioral Health Initiative, and other school mental health initiatives, California has made tremendous strides in building the capacity of schools to develop comprehensive school mental health systems. However, there is work to be done to promote this model and its core features across the state.

## Core Features of a Comprehensive School Mental Health System



i. National Center for School Mental Health, <https://www.schoolmentalhealth.org/resources/foundations-of-school-mental-health/advancing-comprehensive-school-mental-health-systems/>

<sup>2</sup> [https://mhsoac.ca.gov/wp-content/uploads/schools\\_as\\_centers\\_of\\_wellness\\_final-2.pdf](https://mhsoac.ca.gov/wp-content/uploads/schools_as_centers_of_wellness_final-2.pdf)

## Recommendations

The MHSSA is part of a broader investment in California’s children and youth behavioral health system. To support long-term local success in comprehensive school mental health systems will require a shared understanding across California agencies of both the systems change goals California is working toward and the metrics to measure progress.

Based on lessons learned during MHSSA implementation, the Commission offers the following three recommendations for the State to consider:

- 1. Leadership.** The State should establish an Office of School Mental Health to facilitate and support collaborative leadership among its agencies, local governments, local educational agencies, youth, and families.
- 2. Reliable and Incentivized Funding.** As California builds the necessary capacity and infrastructure for comprehensive school mental health services, the State should make additional investments to fill the gap between implementation and long-term sustainability. Funding should be consistent, aligned, and incentivized to achieve desired outcomes.
- 3. Accountability.** The State, through the Office of School Mental Health, should develop an accountability structure including school mental health standards and metrics that reports back to parents, teachers, and leaders to show progress toward established goals. This accountability system should include a heavy emphasis on reducing disparities and promoting educational equity.



Mental Health Services  
Oversight & Accountability Commission

# Report to the Legislature on the Mental Health Student Services Act

Dr. Melissa Martin-Mollard, Chief of Research and Evaluation

August 22, 2024

# School Mental Health in California

- California is making significant progress in developing, strengthening, and scaling school mental health strategies through its investments:
  - ✓ Children and Youth Behavioral Health Initiative (CYBHI), Mental Health Student Services Act (MHSSA), etc.
- To support statewide learning, the Commission is funding school mental health learning collaboratives.
- Recent investments are one-time funds that will require long-term financing.

# Mental Health Student Services Act

- \$255 million investment
- In 57 out of 58 counties and two city municipalities.
- Prioritizes highest needs K-12 school districts and schools.
- Reaches approximately 45% of school districts and almost 1 in 4 schools.
- Services are tailored to meet local needs.

# MHSSA at-a-Glance<sup>i</sup>



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**57 of 58**

California counties are served by MHSSA, as well as the city municipalities of Berkeley and Tri-City

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Approximately

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**IMPLEMENTATION SUPPORT**  
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students received Tier 2/3 services

through MHSSA in 2022-23, according to grant partner reports

**480**

staff hired by grant partners to provide direct services and support administration, partnership development, and coordination, through MHSSA

To support quality improvement and evaluation, the Commission:

Established an MHSSA Learning Collaborative that meets quarterly and has grown to over 300 members since its inception in 2020

Partnered with WestEd to plan an evaluation of MHSSA that includes development of statewide school mental health metrics and a monitoring and reporting system

Is implementing a statewide school mental health technical assistance strategy to support MHSSA grant partners in overcoming barriers and challenges

<sup>i</sup>Information contained in this report comes from several sources of data that the Commission collects from MHSSA grant partners in each of the 57 participating counties and city municipalities: grant summaries, monthly update reports, quarterly hiring reports, annual fiscal reports, site visits, and data on services and students served.



# Implementation Successes

## The Mental Health Student Services Act (MHSSA):

- Deepens partnerships at the local level
- Expands the continuum of mental health services in schools
- Increases awareness and destigmatizes mental health
- Services are making a difference in the lives of students and families
- Services engage and educate parents and caregivers

# Lessons Learned

1. Local MHSSA activities and services are **heterogenous and tailored** to meet local needs and gaps in services.
2. The **need** for school-based or school-linked mental health services often **exceeds** local capacity and requires additional funding and sustainability planning.
3. **Mental health professional shortages** continue to impact access to and provision of school mental health services.
4. MHSSA grant partners want and need more **technical assistance** from the State, particularly in sustaining services after the grant ends.
5. **School mental health standards** are needed in California to drive quality improvement.
6. **Alignment** of California's school mental health initiatives is important for local success.

# Recommendations

## The State should:

- Establish an Office of School Mental Health to support collaborative leadership.
- Make additional investments to fill the gap between implementation and long-term sustainability.
- Develop an accountability structure including school mental health standards and metrics.

# Next Steps

- Release latest round of funds for the MHSSA
- Implement a statewide school mental health technical assistance strategy
- Move forward with next phase of the MHSSA evaluation now that the planning phase is near completion
- Adopt a report on universal mental health screening for submission to the legislature
- Hold local community engagements to get input from students, parents, educators, school mental health leaders, and other partners on standards and metrics for school mental health.

A person is seen from behind, climbing a rope structure. The person's hair is blowing in the wind. The background is a sunset over the ocean, with the sun low on the horizon, creating a bright glow and lens flare. The sky is filled with soft, golden light and some clouds. The person is wearing a dark long-sleeved shirt and dark pants. The rope structure consists of a horizontal bar at the top and two diagonal ropes that the person is holding onto. The overall mood is one of accomplishment and perseverance.

# THANK YOU



# Creating Opportunities for Preventing & Eliminating Suicide (COPES) MHSOAC Hearing

August 22, 2024

**Heather Nemour**  
*Coordinator, Student Wellness  
& School Culture*

# MHSSA Grant in San Diego County

15 School Districts and 16 Charters

Over 430 Schools

290,747 Students

# MHSSA Grant Goals & Objectives

## Suicide Prevention, Intervention & Postvention

Policy to Practice

Screenings/Assessments

Data Collection

Trainings

## Mental Health Promotion & Stigma Reduction

Trainings

Resources/Tools

Student Programming

Staff, Student & Caregiver Wellness

## School Mental Health Referral Pathways

Multi-year process

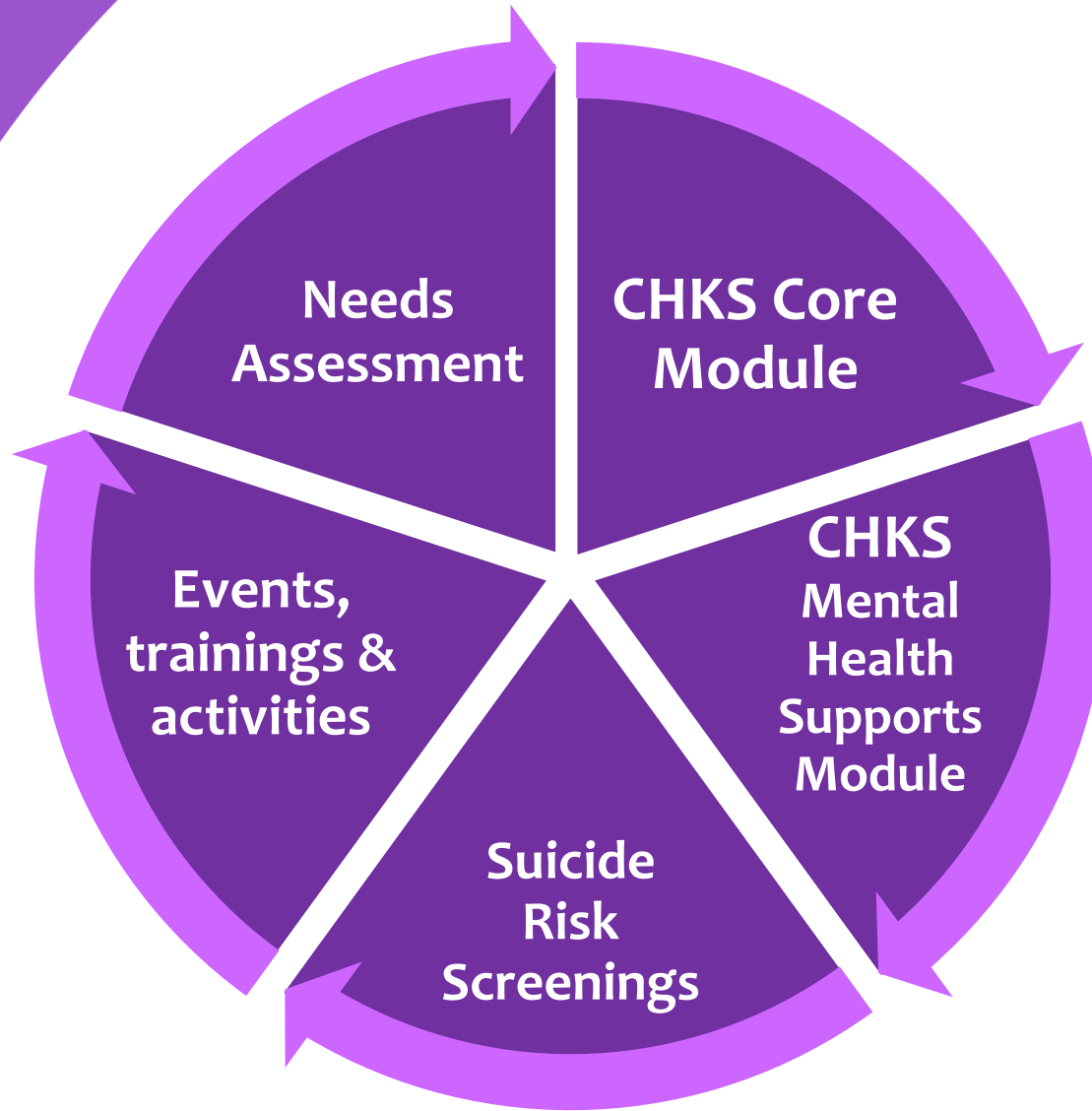
Needs Assessment

Resource Mapping

Build Partnerships



# Measuring Impact and Opportunities



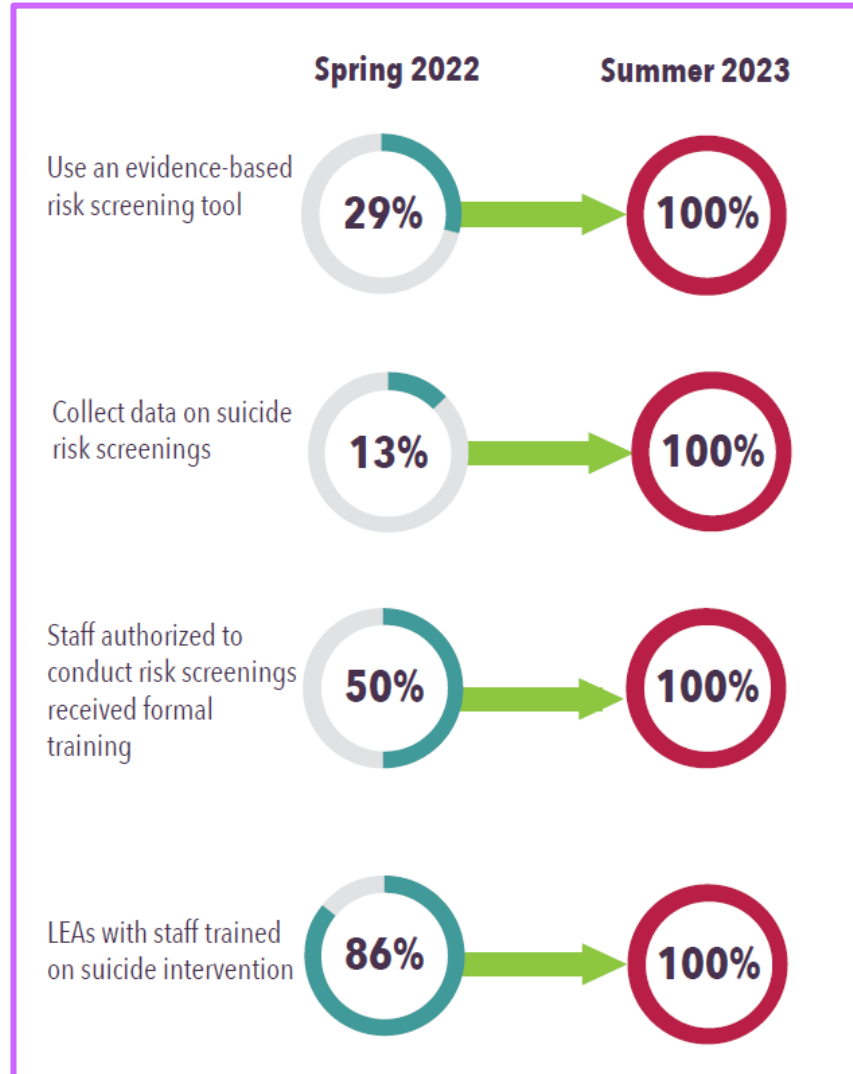
# CHKS San Diego Data: Progress Made

## 2023-24

Seriously Considered Suicide In the Past 30 Days			
School Years	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
2022-23	14%	14%	14%
2023-24	12%	11%	11%
Change	Decreased by 2%	Decreased by 3%	Decreased by 3%

Chronic Sadness & Hopelessness			
School Years	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
2022-23	29%	32%	37%
2023-24	27%	27%	31%
Change	Decreased by 2%	Decreased by 5%	Decreased by 6%

# Suicide Risk Screening Data



- 6,664 suicide risk screenings reported from 430 schools
- 868 were high severity level
- Screening **outcome** was added to data collection last school year
- There are no standardized **metrics** –how does it compare? What is standardized practice?

# Need for Ongoing Funding

- Capacity building is the sustainability plan
- Continue to track grant outcomes/impact (peer programming)
- Funding provides the incentive for LEAs to collect and share data
- Systems change is a developmental process

# Need for Statewide Support

- There is no one state organization that is dedicated to student mental health
- CDE lacks expertise and capacity in this area
- Multiple state agencies and initiatives lead the work around student mental health-often it is misaligned

# Next Steps

Comprehensive Referral Pathways

Student Re-Entry After Mental Health Crisis

Universal Screening Roadmap



# Creating Opportunities in Preventing and Eliminating Suicide (COPEs)

Year Two Highlights  
July 2022 - June 2023

**COPEs** is a capacity-building initiative led by the San Diego County Office of Education (SDCOE) in partnership with County of San Diego Behavioral Health Services and 31 local education agencies (LEAs), funded by the State of California Mental Health Student Services Act (2021-2025).

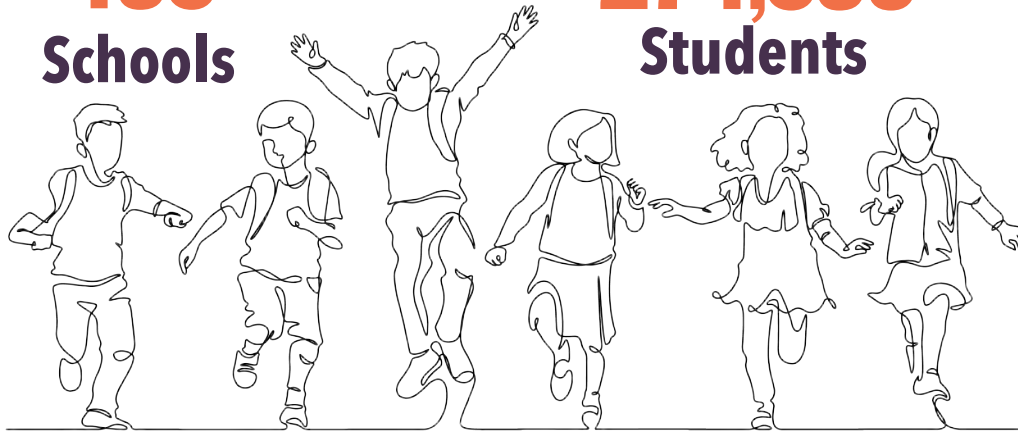
## Participating LEAs Represent

**430**

**Schools**

**274,639**

**Students**



### Districts

- Bonsall
- Chula Vista Elementary
- Fallbrook
- SDCOE Juvenile Court and Community Schools
- Lakeside
- La Mesa-Spring Valley
- Lemon Grove
- Mountain Empire
- National City
- Poway
- San Marcos
- San Diego Unified
- Santee
- Spencer Valley
- Sweetwater

### Charters

- Altus Schools (Audeo)
- City Heights Preparatory
- Compass
- Empower
- Feaster
- Helix
- High Tech High
- Learning Choice Academy
- Mueller-Bayfront
- San Diego Global Vision Academy
- San Diego Virtual School
- Scholarship Prep Oceanside
- School for Entrepreneurship and Technology
- SIA Tech
- Urban Discovery

# Training and Technical Assistance

SDCOE provided **30 trainings**

Over  
**2,000**  
COPES school/district staff

&

Over  
**400**  
parents/caregivers

received training on youth mental health challenges and support strategies



Through capacity building efforts **COPES LEAs** provided:

**675** mental health and suicide prevention trainings and events in their school communities that engaged over...

**60,000** students

**8,500** staff

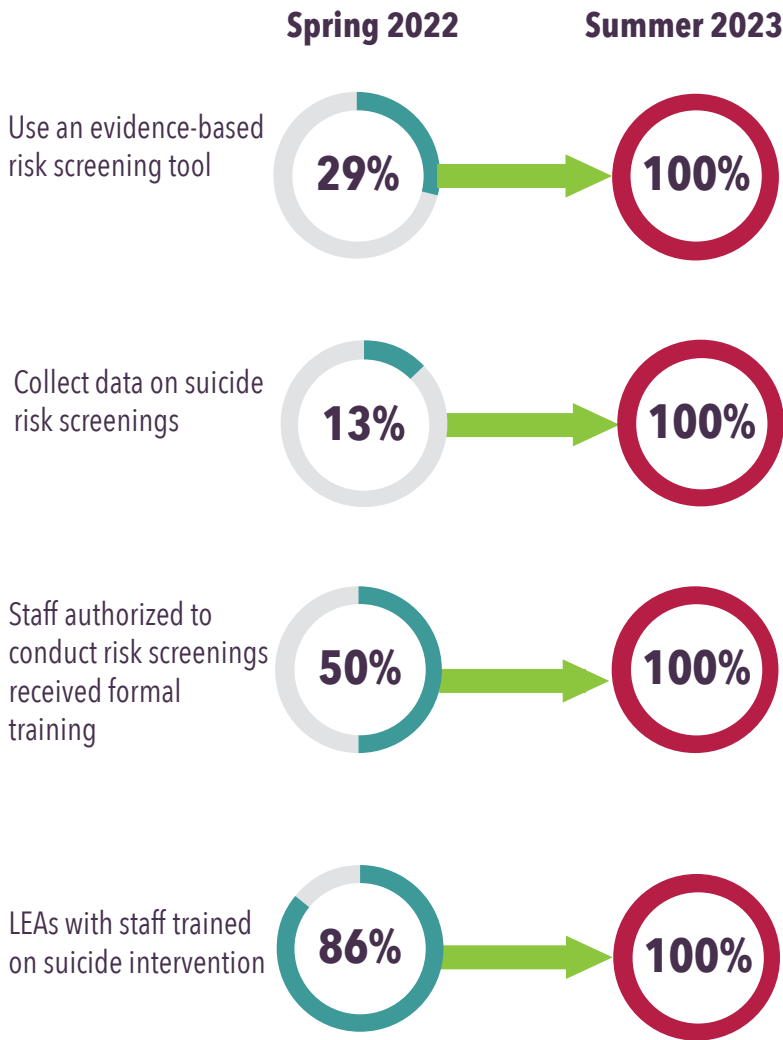
**3,000** parents/caregivers



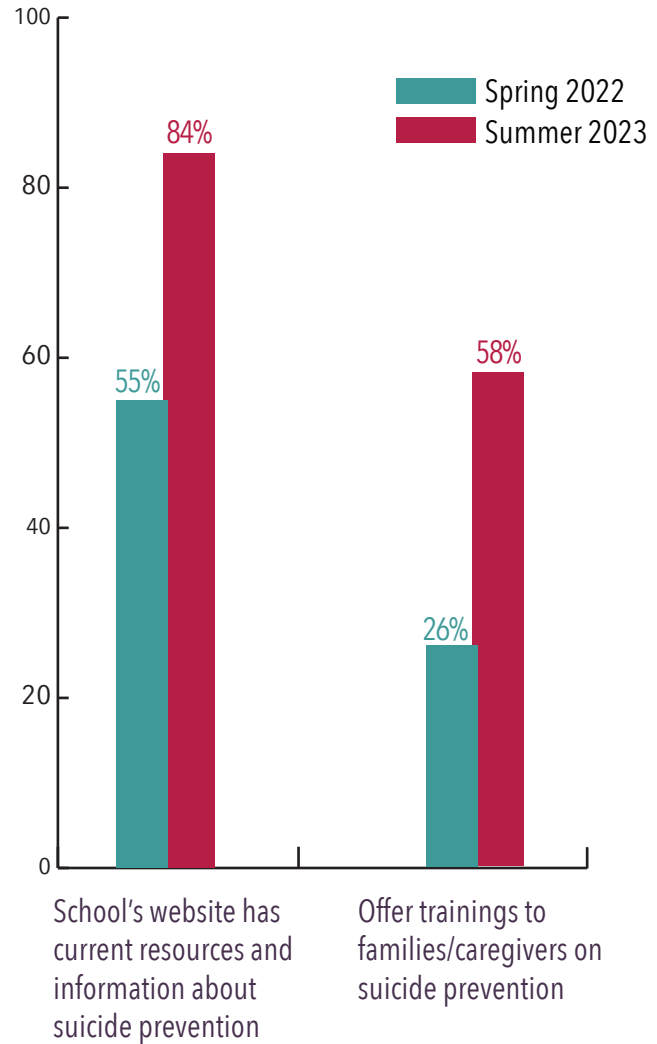


# Suicide Prevention and Intervention

COPEs LEAs have expanded suicide prevention policies and practices.



## Suicide Prevention Awareness



From July 2022 to June 2023,  
31 COPEs LEAs conducted

**3,387** suicide risk screenings



# Improving Mental Wellness

COPES LEAs conduct an annual needs assessment to evaluate their strengths and challenges in promoting mental wellness.

## Enhancing Staff Wellness

Staff are given the opportunity learn about personal wellness & how to respond to stress in a healthy way.

Spring 2022

36%



Summer 2023

68%

Staff know how to access mental health services for themselves.

49%



77%

Practices are in place to support staff wellness.

40%



58%

Percent who responded "Mostly" or "Definitely"

## Bolstering Crisis Support

When a mental health emergency arises, a professional is available.

Spring 2022

45%



Summer 2023

94%

Follow-up services are provided for students who experience mental health emergencies.

29%

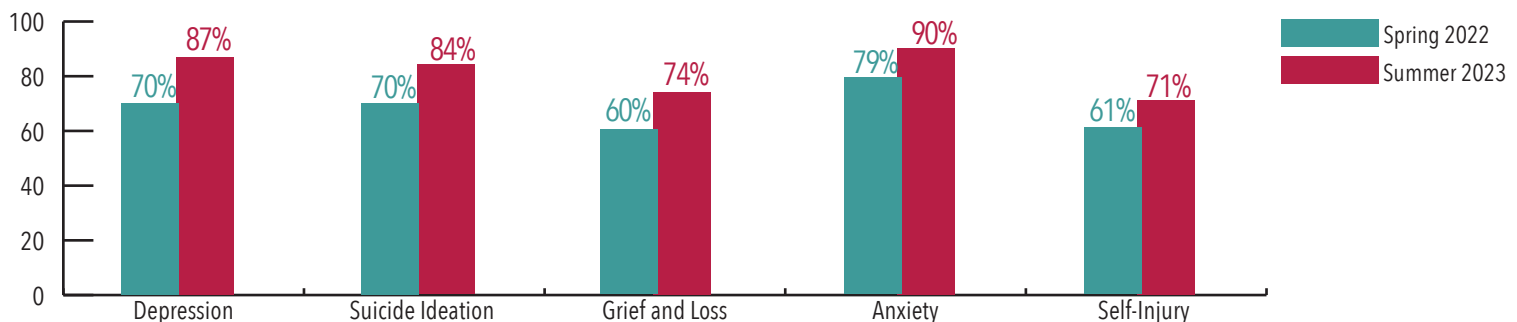


71%

Percent who responded "Mostly" or "Definitely"

## Improving Tier 1 Mental Health Supports & Resources

COPES LEAs have increased Tier 1 mental health supports for the most common challenges faced by youth.

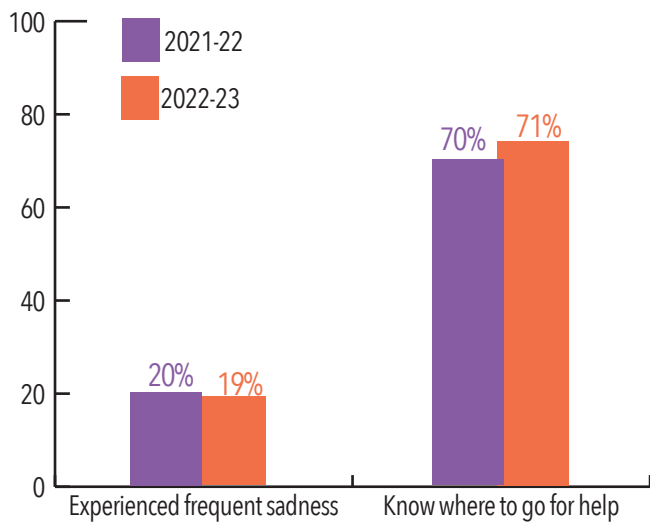


Percentage of LEAs reporting that Tier 1 supports for the following mental health topics were "mostly" or "definitely" in place

# Student Mental Health

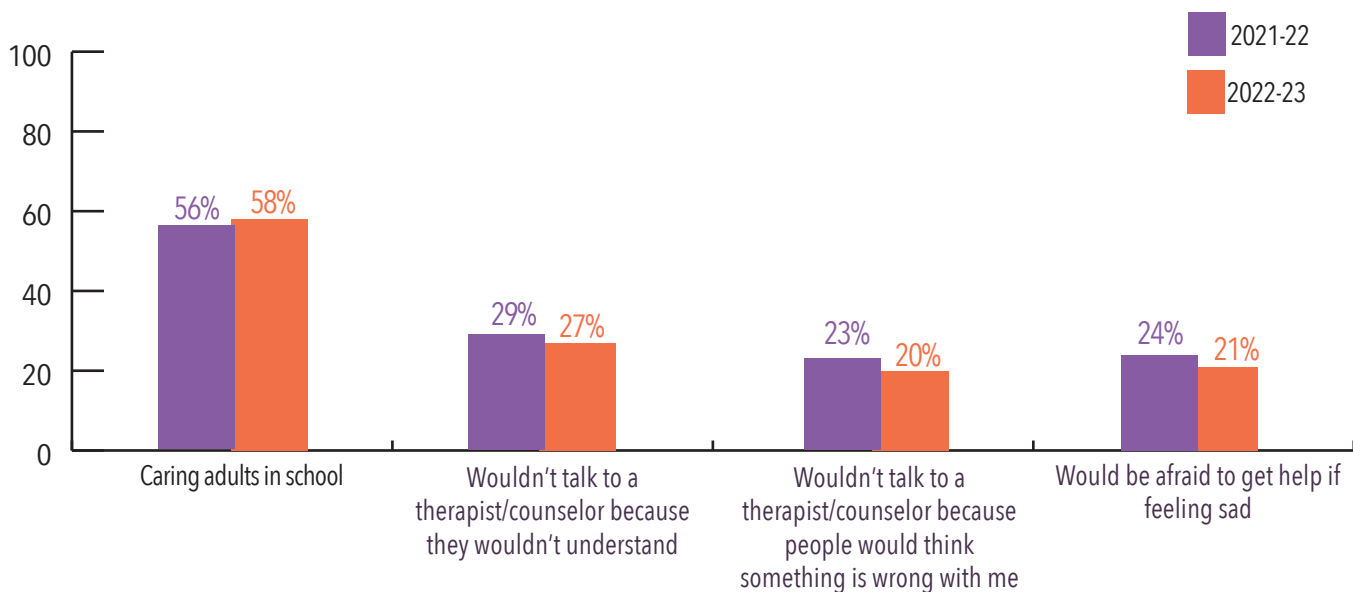
The SDCOE COPES team tracks specific school climate and student mental health indicators from the annual California Healthy Kids Survey<sup>1</sup> based on research demonstrating a negative association between student perceptions of school climate and suicide ideation.<sup>2</sup> Select areas of improvement from the 2021-22 to the 2022-23 academic years are highlighted below.

## Elementary School Indicators



Note: Sample includes 5th grade students from elementary schools participating in COPES that administered the CHKS survey for 2021-22 and/or 2022-23. Sample sizes ranged from 4,712 - 8,770 students for each indicator.

## Secondary School Indicators



Note: Sample includes 7th, 9th, and 11th grade students from secondary schools participating in COPES that administered the CHKS survey for 2021-22 and/or 2022-23. Sample sizes ranged from 21,590 - 35,151 students for each indicator.

<sup>1</sup>California Healthy Kids Survey (CHKS). <https://calschls.org/>.

<sup>2</sup>Benbenishty R, Astor RA, Roziner J. A School-Based Multilevel Study of Adolescent Suicide Ideation in California High Schools. J Pediatr. 2018 May;196:251-257.

# COPEs RESOURCES

## Calming Corners

All 430 COPEs schools received calming corner kits for each school campus to allow students opportunities to decompress and practice self-regulation and coping skills.

Of a sampling of schools surveyed...

**96%** agreed calming corners support student use of coping and self-regulation strategies

**87%** reported decreased student levels of distress

**82%** said calming corners promote students overall well-being



## Policy to Practice: Suicide Intervention Toolkit

The aim of this toolkit is to share protocols, templates and resources that align with best practices in suicide intervention.

CREATED BY THE SDCOE STUDENT WELLNESS AND SCHOOL CULTURE DEPARTMENT




## Policy to Practice Toolkit

SDCOE's [Policy to Practice: Suicide Intervention Toolkit](#) was created to equip districts and charter schools with an evidence-based screening tool and comprehensive suicide intervention protocols to ensure action is taken to save student lives. It recently received the [2023 CSBA Golden Bell Award](#) for innovation and excellence in school safety and climate.

*"It provides a strong procedural way to work through crisis response that is consistent across all campuses in our district. All district counselors are acting in the same procedural way and adjusting for age-appropriateness."*  
- COPEs school counselor

*"Implementing the toolkit has created consistency across all of our eight schools. The protocol was simple to follow and all who used it were easily trained. It was one of the best initiatives we've done this year."*  
- COPEs assistant superintendent



# MHSSA Update

August 22, 2024

Riann Kopchak, Chief of Community Engagement and Grants

# Proposed \$25 Million Expenditure: Areas of Funding

- Marginalized and Vulnerable Student Populations (\$5.5 million)
  - Foster youth, juvenile justice involved youth, and unnamed populations
- Universal Screening (\$7.2 million)
  - Learning cohort of partners to develop an implementation plan
- Sustainability (\$9 million)
  - Continuous quality improvement and long-term sustainability of school-county partnerships
- Other Priorities (\$3.3 million)
  - Projects that address unique needs of their partnerships, such as wellness centers, mobile crisis support, SUD prevention, etc.



# Category 1: Marginalized and Vulnerable Youth

- Trinity
- Mariposa
- Orange
- Tehama
- Riverside
- Alameda
- Amador
- Sonoma
- Stanislaus
- Nevada
- Santa Cruz



## Category 2: Universal Screening

- Siskiyou
- Stanislaus
- San Diego
- El Dorado
- Santa Clara
- Santa Cruz
- Yolo
- Placer
- Lassen





## Category 3: Sustainability

- Trinity
- Marin
- Fresno
- Tehama
- Santa Barbara
- Santa Clara
- Alameda
- Yolo
- Nevada
- Tuolumne
- Madera
- Lassen
- Sonoma
- Santa Cruz
- El Dorado
- Solano
- San Luis Obispo
- Glenn
- Mendocino
- Placer



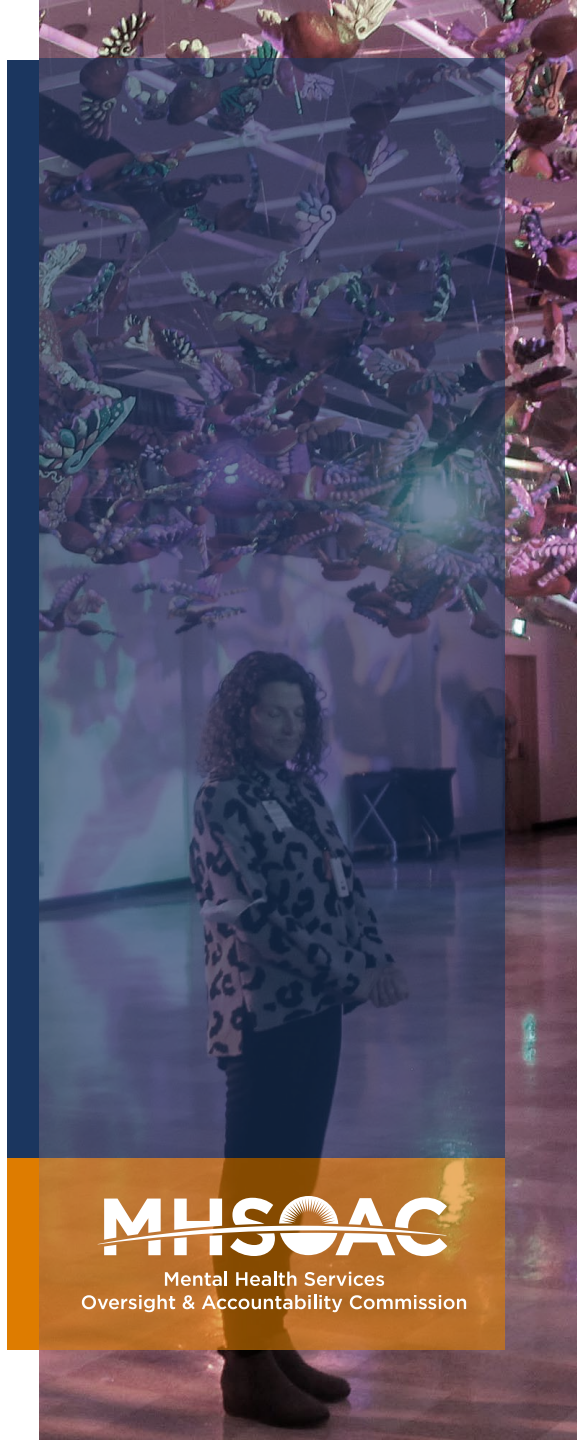
## Category 4: Other Programs

- Trinity
- Siskiyou
- Fresno
- Orange
- San Benito
- Santa Barbara
- Riverside
- Madera
- Los Angeles
- San Luis Obispo
- Placer

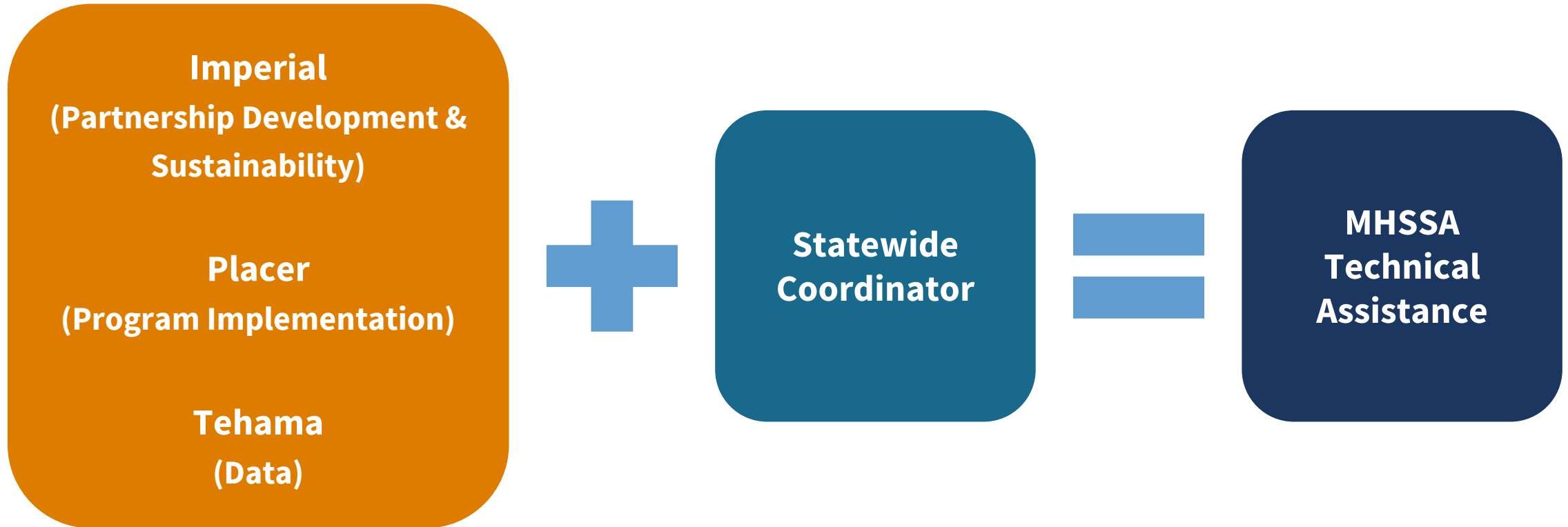


# MHSSA RFA 004 Summary

- Increasing services to marginalized youth
- Provide support to identify sustainability pathways
- Provide guidance to implement universal screening
- Promote programs relative to nuanced county needs



# MHSSA Technical Assistance



# Next steps

- Statewide Coordinator RFA, *September 2024*
- Scoring and Award Announcement, *November 2024*
- Contract Execution, *December 2024*



Mental Health Services  
Oversight & Accountability Commission

# Proposition 1 Implementation: Exploring Commission Opportunities

*Presented by Jigna Shah, Chief of Innovation and Program  
Operations & Kendra Zoller, Deputy Director of Legislation*

**August 22, 2024**

<b>July 2024</b>	<b>January 2025</b>	<b>July 2026</b>	<b>December 2029</b>	<b>January 2030</b>
BHSA Revenue Stability Workgroup Begins	Name Change	County Innovation Bucket & Approval Authority Ends	First Report Published by State Auditor	Publishes Report on Promising Practices
	11 New Commissioners	Innovation Partnership Fund Begins		Publishes Report on TA & Community Engagement
	Advises Governor and Legislature on SUD	Consults with DHCS on Early Intervention, FSPs, and Metrics		Publishes Report on Innovation Partnership Fund
	Updates to Data Statute, BHSSA, EPI Advisory Committee, & Fellowship	Consults with CDPH on Population-Based Prevention		
	Consults with CDPH on Stigma and Discrimination	Receives County Integrated Plans		
	Provides TA to Counties	Refers County Performance Issues to DHCS		
	State Audit Authority Begins			
	Report Published by BHSA Revenue Stability Workgroup (June)			

# January 1, 2025: Meetings and Committees

## Meetings

- How can the Commission adapt its meeting structure to support the mandates of the BHSA?
- What changes can we implement to ensure a quorum for meetings?

## Committees & Subcommittees

- How can the Commission use committees and subcommittees to be more effective?
- What should be the role of committees?

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. A stylized sun or wave symbol is integrated into the letter 'O'. The logo is set against a dark blue background that is part of a larger vertical banner on the right side of the slide. The banner shows a coastal scene with waves crashing against a rocky shore under a sunset sky.

**MHSOAC**

Mental Health Services  
Oversight & Accountability Commission



# January 1, 2025: Branding and Onboarding

## Name Change/Branding

- Should the Commission consider using an informal name, i.e., the “California Behavioral Health Commission” ?

## Onboarding

- How can the Commission improve onboarding?
- What critical topics should be included in onboarding?

