



**Research and Evaluation Committee
Mental Health Student Services Act (MHSSA) Workgroup
Teleconference Meeting Summary
Date: October 12, 2023 | Time: 10:00 a.m. – 11:30 a.m.**

**MHSOAC
1812 9th Street
Sacramento, CA 95811**

****DRAFT****

Committee Members:	Staff:	Other Attendees:
Gustavo Loera* Mari Radzik*	Melissa Martin-Mollard Kai LeMasson Kali Patterson	Dr. Lexi Backstrom

*Participated remotely.

Committee Members absent: Sharon Ishikawa and Eleanor Castillo Sumi.

Agenda Item 1: Call to Order and Roll Call

Melissa Martin-Mollard, Director of the Research and Evaluation Division, called the meeting to order at approximately 10:00 a.m., and reviewed the meeting agenda. Today’s meeting objective was to provide expert guidance to the Commission regarding MHSSA evaluation planning and implementation.

Dr. Martin-Mollard stated this meeting is a continuation of the September 22, 2023, Research and Evaluation Committee MHSSA Workgroup meeting that focused on Universal Screening in Schools. Unfortunately, that meeting was disrupted toward the end, which forced the meeting to end early. Given the interest in the topic and wanting to hear from Workgroup members and the public, this meeting was scheduled to allow the last presenters from Sonoma County to complete their presentation and to hear comments and questions from the Workgroup and public.

Kai LeMasson, Senior Researcher, reviewed the meeting protocols, called the roll, and confirmed the presence of a quorum.

Agenda Item 2: Information – Universal Screening Policy Project

Dr. Martin-Mollard asked Commission staff to provide a summary of the September 22, 2023, MHSSA Workgroup meeting, which introduced a new universal screening project to understand the current landscape of screening practices in schools.

Kali Patterson, Research Scientist Supervisor, Policy Research Lead, stated the Universal Mental Health Screening of Children and Youth Project Plan Proposal was introduced at the September 22nd meeting. The goal was to kick off the project by forming a shared understanding of the opportunities and learnings that have already evolved through some of the work that is being done across the state with intentional focus. Presentations were heard on shared findings from partners who are already leading this work. She noted that the presentation slides are available on the website.

Ms. Patterson introduced the representatives from the Sonoma County Office of Education (SCOE) and asked them to present on the county's school mental health screening pilot project.

Mandy Corbin

Mandy Corbin, Assistant Superintendent, SCOE, provided an overview, with a slide presentation, of the Stepped Triage to Care Model that supports students in the aftermath of crisis or disaster, and where the SCOE PsySTART Rapid Triage Assumptions Tool fits in. She noted that PsySTART is not a typical universal screener but is a universal situational screener used post-disaster/crisis. She reviewed the Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale for the DSM-5 (CPSS-5) initial assessment tool, which is part of the Stepped Triage to Care Model.

Tyson Dickenson

Tyson Dickenson, Director of Behavioral Health and Wellbeing, SCOE, stated the tool is designed to be triage as a specialized application of screening with a prioritization for linkage to care. He continued the slide presentation and reviewed the Pediatric Stepped Triage to Care Model and noted that the PsySTART Rapid Triage Assumptions Tool captures both the resilience and higher risk pathways in the Pediatric Stepped Triage to Care Model.

Mr. Dickenson noted that a new diagnosis has been added to the diagnostic system used in the United States called Prolonged Grief Disorder (PGD). This is when an individual loses a loved one, family member, or dear friend in a tragic circumstance in a trauma. PGD is included in the higher risk pathway in the Stepped Triage to Care Model. Many PGD patients need definitive evidence-based interventions beyond psych first aid and socioemotional learning. Like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is part of the evidence-based care approach, there are a range of other interventions available.

Mr. Dickenson stated the difference in the Sonoma County screening tool is that it does not rely on symptoms but rather on traumatic exposure and traumatic grief or loss.

Assessment questions do not ask children or parents about internal feelings, which culturally has lot of challenges. Thoughts are less challenging to get to than feeling states. He noted that PsySTART does not require direct questions and can be used flexibly. It can be used across the children's disaster systems of care in schools, shelters, hospitals, and field medical triage facilities. One of the key significant resilience predictors is a child's access to their support network.

Discussion

Committee Member Radzik stated it sounds like PsySTART aggregates data. She asked who gets that data and asked if the data is open and transparent.

Mr. Dickenson stated the data is used to link high-risk children to care. The host is the SCOE. There are dedicated SCOE employees who manage all phases of the project, such as Project Coordinator Shauna Hamilton, who is in attendance today. Parents want to know what was found, what their child needs, and how to get it. That data is transparent but will not be published since the data is not being collected for a research goal. The purpose of this project is to get high-risk children to care as quickly as possible, which includes an open sharing process. The goal is to link schools, emergency departments, and primary care linked to central coordination.

Committee Member Loera stated he was encouraged by hearing about this project. Any screening is important. Key points heard were exposure and the need to examine what children are being exposed to that could create a higher risk of developing a mental health issue. He stated parents and students sometimes do not consider stress as a risk factor but think that it is part of life. Stress disrupts the flow of life; it distracts children from enjoying life and being a part of school life. He asked if screening is being done to prevent children from a crisis or if it only looks at children who are already in crisis and then finds treatment options. He stated the need to be on the prevention side – detecting, identifying, and defining stressors that are not normal.

Commissioner Member Loera stated telehealth was a significant benefit during the COVID-19 pandemic. He stated students want a human connection and struggle because they do not have it within their schools. There are a lot of encouraging opportunities for teachers to have a role in the solution.

Karena Haro, Community Schools Coordinator, San Diego County Feaster Charter School, stated California has a sense of urgency regarding prevention measures. While it is hard to screen for what might happen, there are measures in place to ensure robust prevention. Students can participate in these services, such as morning meetings, to be screened unobtrusively on a daily basis. There must be opportunities to keep children in school with enrichment activities for a longer period of time to prevent harm from occurring during peak times, and to educate parents on their children's health as well as their own. All of these programs are funded by the state.

Ms. Corbin stated waiting for higher-level screenings to be done by school counselors causes children to not receive what they need fast enough. A project is being piloted in Stanislaus County and in Garden Grove in Southern California to connect students with teachers through an app. Staff need to be part of the conversation, as well, to engage in socioemotional learning and relate with the students regarding mental health. Within this program, teachers receive training and can work with students on mental health daily.

Mr. Dickenson stated the workload of school staff is the reason for self-reporting apps. Automated, evidence-based strategies and tools that relieve the burden for teachers and counselors frees them up to focus on students. The SCOE has also proposed a study to the National Institutes of Health (NIH) on traumatic injuries to get TF-CBT intervention that SCOE has been using and to possibly mitigate or prevent PTSD.

Committee Member Loera asked whether parents are resisting screenings due to stigma and fear.

Mr. Dickenson stated the TF-CBT model involves parents. The PsySTART and CPSS-5 results are shared with parents as a key component in the intervention. This psychoeducates parents that this will lead to getting their children the services they need.

Shauna Hamilton, Program Coordinator, SCOE, stated parents are more interested in accessing services for their children during traumatic times, such as the COVID-19 pandemic; conversely, the highest-impacted families during such times are unable to add on anything else.

Ms. Corbin stated families are more open to services for their children if they are made available during the school day at the school site.

Ms. Haro stated there is little pushback on screening; the challenge comes with engaging with services. Parents who were unaware that their children were struggling with mental health until after a screening tend to resist services. Family outreach and engagement regarding stigma is a current strategy.

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative (CYBHI) at the California Health and Human Services Agency (CalHHS), stated one of the components of the CYBHI is a mechanism for financial reimbursement for schools for school-linked behavioral health services. A phased implementation of that approach will begin in 2024. Children are more likely to be able to access needed services if they are provided where they are.

Ms. Jones stated youth have consistently identified that perception and stigma issues of their parents, families, and communities are a barrier to being able to access services and supports. Working on public awareness and stigma reduction is part of the CYBHI campaign for next year. This process needs to be culturally relevant and to include families and communities, as well.

Committee Member Loera stated reframing the language with parents, such as “at risk,” to be more culturally relevant can reduce stigma. Additionally, there must be a mechanism during screenings to protect the privacy and safety of LGBTQ youth; the fear they will be outed to their parents can prevent these youth from engaging in screenings. Solutions that are more appropriate to culture, language, and context are important to develop.

Public Comment

Dr. Lexi Backstrom, Student Behavioral Health and Support Administration, Riverside County Office of Education (RCOE), stated the RCOE has been a part of the Student Behavioral Health Incentive Program (SBHIP) and hopes to be part of Cohort 1 for the CYBHI. Because of that, the RCOE has been able to hire a licensed therapist to directly serve students. Regarding universal screenings in smaller schools, licensed therapists may already be meeting with every student on campus, so the smaller screenings already being done may be more beneficial.

Agenda Item 3: Adjournment

Dr. Martin-Mollard thanked the presenters for sharing their experiences with universal screening and for attending this additional meeting to help complete the conversation. She thanked everyone for their participation and feedback. She adjourned the meeting at approximately 11:30 a.m.

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