Student Supports:
Getting the Most out of Your LCFF Investment

WHY STUDENT MENTAL HEALTH MATTERS

Unmet mental health needs rank among the most pressing concerns for California educators, directly affecting student attendance, behavior, and readiness to learn.[1] Students with mental health needs who receive appropriate treatment and support have much better educational outcomes than students whose mental health needs are unmet. In the classroom, teachers report that "disruptive behavior [by students with mental health disorders] and their own lack of information and training in mental health issues"[2] are major barriers to instruction. While over 20 percent of school-aged children have a mental health diagnosis,[3] only a third of those children receive treatment.[4] This gap in treatment is exacerbated among low-income students, where 90 percent of teens living in poverty with diagnosed mental health disorders report that they have not received services.[5]

> Schools have a critical role to play: 7 out of 10 students who receive care do so through their schools.

When schools work in partnership with mental health providers, they are able to serve more students and can begin to address this gap in treatment. Tapping the expertise of mental health agencies and professionals can also significantly build the capacity of schools to create a supportive and positive school climate for all students.

Student Mental Health: Key Facts

Student mental health needs often go untreated.
- More than 20% of school-aged children have a mental health diagnosis.[6]
- More than 40% of school-aged children have related problems severe enough to warrant intervention, such as a history of trauma, grief, loss, or family mental health problems.[7]
- Only 1/3 of children and teens in the general population with a diagnosed condition receive treatment.[8]
- 90% of teens living in poverty with diagnosed mental health disorders report not receiving counseling or other services.[9]

Students with unaddressed needs are more likely to experience difficulties in school, including:
- Higher rates of tardiness and absenteeism[10]
- Higher rates of suspension, expulsion, and high school drop-out[11]
- Lower grades and test scores[12]
- Disruptive behavior in classrooms and hallways[13]
- Perpetrating or being the victim of frequent bullying[14]
- Using alcohol and other drugs on campus[15]

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EFFECTIVE PRACTICES FOR STUDENT MENTAL HEALTH

Schools are uniquely situated to play an important and perhaps leading role in the prevention and treatment of mental health needs. While there is substantial unmet need, it's important to note that 7 out of 10 students who do receive care, access services through their schools.[16]

To have the greatest positive impact, school-based mental health services should be available to all students and fully integrated into the everyday functioning of the school by following these best practices:

☑ **Services are responsive to the unique needs of the school community.**
Mental health services are designed and implemented through an ongoing needs assessment process. School and district-level planning committees represent the community and consist of students, families, teachers, district personnel, community mental health staff, family support services staff, and others interested in successful mental health programs. This ensures services are culturally appropriate, student-centered, and educationally responsive.

☑ **Services build from and complement a positive school climate.**
The school plays a critical role by providing a positive and supportive climate and a foundation upon which students can build the social-emotional skills they need in order to thrive. Both more universal as well as targeted school climate interventions, such as restorative practices, anti-bullying programs, Positive Behavior Interventions and Supports (PBIS), social-emotional learning, and positive classroom management practices underpin effective mental health service delivery. With this strong foundation, mental health service systems are not swamped by crises.

☑ **Services are available to all students, especially prevention and early intervention strategies.**
Schools, with the help of their partners, make mental health services available to all students, not just those in crisis, so they can address mental health problems early and prevent the need for more intensive services later. Early interventions that are easily accessible include support groups, short-term counseling, alcohol and drug counseling, and mentoring programs. In addition, schools provide case management and referrals for families through partnerships with either mental health providers or family resource centers.

☑ **Providers work with school staff in teams.**
At the school site, the mental health professional is connected to school staff through a multi-disciplinary team such as a Care Team or a Coordination of Services Team (COST). Struggling students receive the benefit of coordinated case management and referrals, as well as support that is responsive to academic, attendance, and health needs.

☑ **Providers serve as a resource to teachers and other school staff.**
Consultation between school staff and mental health professionals is built into the overall implementation plan as an integral part of the services envisioned. This commitment ensures that educators can boost their skill set to support individual students and implement positive classroom management techniques. In this capacity, mental health staff provide professional development activities related to student mental health topics, classroom management, staff wellness, and burn-out prevention.

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☑ **School districts partner with county and community-based agencies to provide mental health services.**
Districts establish partnerships with the county mental health or health services department, or other community-based mental health providers to adequately fund and staff mental health service systems. Schools are staffed with school-based mental health professionals (i.e. school social workers) who also build relationships with and coordinate services from community providers. Critical roles for these school-based staff members include: coordinating multi-disciplinary teams to assure appropriate case management for individual students, leveraging community resources to increase services on campus, and supporting the school's overall goals related to a positive climate.

STUDENT MENTAL HEALTH SERVICES SUPPORT PROGRESS ON THE LCFF PRIORITIES

Students who receive mental health services on campus report greater developmental assets—the characteristics that help students grow up to be healthy and successful—such as positive relationships with adults and peers, and a sense of agency or purpose.[17] These improvements map directly to areas the state has identified as priorities for which school districts will be held accountable under the LCFF funding system.

School Climate

When schools institute school-wide strategies related to mental health—such as anti-bullying programs, positive behavior interventions and supports, and community-building classroom practices—they create more supportive environments for all students. For students with mental health needs, improvements in school climate can provide an essential foundation for improved behavior and academic outcomes.

Student Engagement and Student Achievement

A comprehensive approach to mental health services can support improvements in school climate that link directly with good attendance, positive classroom behavior, and high academic performance for individual students.[18] On a school-wide level, when students receive instruction in self-management, relationship skills, and self-awareness, standardized test scores increase by an average of 11 to 17 points.[19]

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FUNDING STUDENT MENTAL HEALTH SERVICES

School districts commonly partner with counties, as well as community-based agencies and clinics, in order to provide mental health services at schools. Although districts do have access to funding streams that can be used to provide services, building a comprehensive system will require partnerships. The county and its contractors have access to public funding streams designed to fund mental health services for school-aged children, and they also have expertise that can support and strengthen district efforts.

When a district focuses its LCFF investment on staff responsible for coordination between the school district and partners contributing to a continuum of services, it can cost-effectively maximize access and impact. This coordinating role also makes it possible for the district to take full advantage of available funding streams and existing programs, especially health entitlement programs.

Partner Agency Contributions

To provide comprehensive services that are available to all students (i.e. not provided solely via special education), districts should partner with county mental health departments. County-administered mental health services are financed through a variety of local, state, and federal programs, including:

- the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program
- the Mental Health Services Act (Prop 63) / Prevention and Early Intervention (PEI) funds
- insurance billing and other health coverage mechanisms

Most of these funding streams are for direct services at the intensive level, such as individual therapy, case management, family services, and linkages to other specialty mental health services like psychiatry, medication, and inpatient treatment. Among these, EPSDT is central to funding assessments and direct services for low-income children. Indeed, EPSDT is the entitlement program that by design guarantees these services. However, there is often a disconnect between need and access to services at the local level. It is important to note that under changes made to EPSDT in 2011, flexibility in program design and funding for EPSDT (including specialty mental health services) increased significantly at the local level.

To complement traditional mental health services, several California counties have invested a portion of PEI funds in schools to provide prevention services such as social skills training, COST teams, and mentoring programs.

School District Investment

Before committing LCFF funds, school districts should fully leverage the federal and state funding they have access to for both coordination and services. These funding streams include Title I funds, School-based Medi-Cal Administrative Activities (MAA), the LEA Billing Option, and AB 114 (Educationally-Related Mental Health Services).

Districts can then focus their LCFF investment on providing the staff necessary to make coordination of mental health services possible. Ideally each school has staff, such as social workers, community school coordinators, or resource coordinators, who can build relationships with and coordinate services provided by community partners. Schools also contribute in-kind support for on-campus services, including providing confidential office space and access to technology and communication equipment.

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STUDENT MENTAL HEALTH: GETTING STARTED

Just adding direct services will only go so far in addressing students' mental health needs. To build comprehensive, sustainable, and impactful mental health systems, districts and their schools should start by understanding the unique needs of their school communities. Based on this understanding, they can begin to build positive school environments as foundations and establish strong working relationships with their counties to leverage all of the available resources and expertise. Below are some key questions and a brief roadmap to help you get started in creating comprehensive programs to serve all students.

Critical Questions:

? What are the needs of our students, based on data from sources such as California Healthy Kids Survey, Youth Risk Behavior Survey, social-emotional skills assessment data, suspension/expulsion data, and special education data?

? What do our students think about mental health needs? What kind of services and programs would they participate in? What do families say they need/want?

? What mental health services do our students/families currently have access to in the community? Are these services well-utilized?

? What mental health resources do we now have on campus? Do we have school-site mental health staff?

? How are current services coordinated? Are they effective?

? What do our teachers and school staff need to know to support student mental health?

? Who are our existing mental health partners? Who are potential partners?

? To what degree is the county health department invested in schools?

? Who are the principal players and leaders? Who needs to be involved in designing systems and implementing services to ensure all students' needs are met?

? How will we measure success?

Roadmap of Tasks Ahead:

➔ Engage youth, families, and community in assessing needs, identifying resources, and planning services.

➔ Identify partner agencies to provide mental health services, especially the county health department.

➔ Establish a mechanism for coordination of services between agencies, including MOUs.

➔ Work with partners to build a funding strategy.

➔ Establish a process for assessing impact and engaging students, families, and partners in continuous improvement.

For detailed information and additional considerations, see the California School-Based Health Alliance's mental health web page.

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CONCLUSION

Schools have an important role to play in getting young people the mental health care they need. Because mental health issues are likely to first surface at school, it is critical to be able to provide care as early as possible at the school site in order to avoid bigger challenges down the road. Before that, schools can do their part by creating supportive and engaging environments as a solid foundation for an effective, comprehensive system of mental health care. To do this, schools and counties need to work together on both funding and program design. Only then will students have access to a truly responsive and effective system of supports and services.

ADDITIONAL RESOURCES

▶ The California School-Based Health Alliance is a statewide nonprofit organization that aims to improve the health and academic success of children and youth by advancing health services in schools. To obtain support in establishing or enhancing your school mental health program, contact the California School-Based Health Alliance at www.schoolhealthcenters.org.

▶ The Regional K-12 Student Mental Health Initiative (SMHI) is a program of the California County Superintendents Educational Services Association (CCSESA) focused on prevention and early identification of mental health issues for students in grades K-12, with emphasis on grades K-8 and linkages to preschool and grades 9-12. Eleven Regional Lead County Offices of Education conduct activities addressing prevention and early identification of mental health issues for elementary (K-8) students, with the goals of (1) increasing cross-system collaboration; (2) implementing school-based demonstration programs; (3) providing education and training for education personnel, parents/caregivers, and community partners; and (4) providing technical assistance for school-based program development. For more information, go to http://www.regionalk12smhi.org/.

▶ For more information on Care Teams and how they work, see *The Care Team Approach: A Problem-Solving Process for Effective School Change*, published by the National Catholic CHarities Association, 2008.

▶ For more information about COST, see the presentation developed by the Center for Healthy Schools and Communities: Introduction to COST: Building Communities of Care

▶ For more information on the 2011 Realignment of EPSDT, see School-based Mental Health Services: What California's School District Leaders Should Know about Mental Health Funding and 2011 Realignment.

▶ For examples of how districts are partnering with their counties, see the California School-Based Health Alliance's toolkit: Connecting Students to Mental Health Services: Creative Collaborations, Funding and Evidence-Based Practices

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ENDNOTES

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CHAPTER CO-AUTHORS:

The information in this chapter was primarily provided by the California School-Based Health Alliance, a statewide nonprofit organization that aims to improve the health and academic success of children and youth by advancing health services in schools.

www.schoolhealthcenters.org

The Partnership for Children & Youth works to ensure that California's most underserved children and youth have access to high quality educational opportunities that prepare them for a successful future by bridging school districts, community organizations, and government agencies, helping them to attain the skills, resources, and partnerships needed to effectively serve low-income children and youth.

www.partnerforchildren.org

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www.cacommunityschools.org

An initiative of the Partnership for Children and Youth and its partners, the California Community Schools Network is an informal group of community members, educators, and policymakers working together to share information and think comprehensively about supporting California's students.

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