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The Power of Partnership:

Getting Students the Help They Need

California Alliance

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The COVID-19 pandemic and difficult return to school after extended online learning has heightened the need to tackle emotional well-being, student mental health and school engagement, and racial inequities. Tragically, Bellwether Education estimates that 3 million US students received no instruction between March and May of 2021[1]. Moreover, California's enrollment has dropped by 155,000 students in 2020, compared to an average loss of 20-30,000 in years past[2]. Many students remained on distance learning models with questionable engagement and minimal contact with adults outside of their households through much of the 2020-2021 school year. The needs of students are even greater now than when we entered 2020, and the demand on schools has been tremendous, as schools have worked to maintain safe schools while also having to address the academic, social-emotional, and mental health needs of students.

The COVID-19 pandemic has exposed systemic racism and the digital divide, which disproportionately impacts students of color, foster youth, immigrant students, and those with disabilities, as the challenges of reaching them and effectively serving their needs have grown exponentially. Community-based organizations (CBOs) serving children and families "on the ground" have responded with outreach efforts and by working with local school districts to intervene as early as possible before a mental health or substance related tragedy occurs. It is crucial to strengthen these partnerships as efforts continue to return students to school and interrupt the impacts of the social isolation and disproportionate access to resources created by the pandemic. Students spend most of their time at school, making schools the focal point for not just developmental growth and learning, but also of health and well-being. According to a 2020 report by the California State Auditor[3], the suicide rate of California youth aged 12 to 18 increased by 15% between 2009 to 2018. The proportion of mental health–related ED visits increased sharply beginning in mid-March 2020 (week 12) and continued into October (week 42), with increases of 24% among children aged 5–11 years and 31% among adolescents aged 12–17 years, compared with the same period in 2019. Additionally, the CDC has found alarming details about the home lives of students during the pandemic that can be found HERE. Rates of poor mental health and tumultuous living environments were staggering. The well-being of students is clearly at stake and schools serve as trusted centers of communities where youth, and often their caregivers, spend a significant amount of their time. In addition to schools being natural places to house supports and services in order to ensure accessibility, emotional well-being is also intrinsically tied to academic achievement. It is unrealistic to ask students to focus on academic achievement and learning if they are depressed, anxious, hungry, experiencing homelessness, and/or Adverse Childhood Experiences, such as abuse, neglect, or household challenges. As California schools look to reengage their "missing" students and struggling caregivers, partnerships between CBOs and districts, and county behavioral health departments and health plans will be critical to meeting the moment.

Effective School-Based Mental Health Services:

- Are Trauma Informed
- Are provided through strong collaboration
- Integrate family members
- Use data and outcomes to inform service delivery
- Serve students in a variety of settings, including home and community
- Use integrated funding streams
- Are responsive to the students' needs
- Are responsive to race and cultural stressors with a lens of equity and social justice

Adverse Childhood Experiences (ACES) have been linked to a multitude of lifelong health problems and California has committed to working to prevent trauma and intervene early whenever possible. Previously led by Dr. Nadine Burke Harris, the California Surgeon General's O¬ffice is dedicated to working to systematically address ACEs. Additionally, the California Department of Education, led by Superintendent Tony Thurmond has gathered a group of key stakeholders to discuss the emotional well-being of students. The Governor's proposed FY 22-23 budget included $450 million for school behavioral health partnerships and capacity building under the Children and Youth Behavioral Health Initiative. Momentum is building and the time is right for an increased focus on schools as the place to provide critical mental health supports to students.

Partnership Is Essential In Design Of Services

To adequately address the social, emotional, and mental health needs of students requires robust, integrated partnerships. Bringing school administrators, school counseling personnel, community-based mental health and substance use providers, and county behavioral health agencies together to design integrated programming and financing is the first step.

Mental health clinicians work hand in hand with school personnel and families to ensure that students' and family needs are addressed, and that students are in school and ready to learn. By modeling therapeutic interventions, collaborating on school wide systems of care, and supporting the wellness of school staff, mental health professionals build the capacity of the school to develop an environment where staff and student wellness is valued and where students can access mental health services before reaching a crisis.

CBOs can hold contracts with county behavioral health organizations to provide Medi-Cal mental health services within a school community. They are flexible, culturally responsive, and trauma informed, serving students and families in the school, community, or home. This can reduce barriers to care, including lack of transportation to clinic offices or stigma related to entering a clinic office. Additionally, CBOs bring the expertise necessary to navigate the Medi-Cal documentation, billing, and audit processes, as well as the capacity to contract with managed care organizations for these school-based services.

Partnerships with CBOs provide a whole family approach to serving students with reach far beyond the typical educational service model. Models such as Lincoln's School Engagement Program provides intensive therapeutic and navigation services to families whose students are chronically absent. With a 96% rate of improved attendance rates, families are receiving the supports they need to stabilize and refocus their attention on their children's educational needs. Wraparound services provided in partnership with schools and county behavioral health departments, and in some cases county child welfare departments, address the impact of intergenerational trauma that finds its way into the classroom through students' academic and emotional challenges. Not only do these interventions stabilize student's school behaviors, but they also help to keep children out of the foster care system by giving parents the support they need. Sycamores school-based programs have seen 67% fewer behavioral incidents and 28% fewer students suspended in their school-based mental health programs. These outcomes are among many, and individual case studies (**Appendix B**) provide a picture of just how impactful these partnerships are for students, parents, and for teachers and other school personnel as well.

The Community-Based Behavioral Health Field Is Uniquely Positioned To Join Schools In Serving The Whole Student:

▪ **24/7 Services:** CBOs are distinctly positioned to deliver evidence-based services 24 hours per day, 7 days a week, which reaches children and youth in crisis both during and after school hours. They are also linked to a robust system of care through both public and private behavioral health systems that can help to avoid unnecessary hospitalizations and triage urgent mental health needs.

▪ **Year Round Service Capability:** CBOs are able to provide services year round and during school breaks in order to ensure continuity of care, and reduce learning loss that often occurs for low-income students, which also occurs at higher rates for Black and Latinx youth than for White youth[5].

▪ **Support to the School Community:** Behavioral health clinicians who work on a school campus have the unique opportunity to provide training and technical assistance to the whole school community. Teachers, school counselors, or psychologists can routinely communicate about challenges and learn how to meet the needs of complex students who have behavioral health challenges that significantly impact their ability to function in the regular classroom environment.

▪ **Flexibility and Adaptability:** Being able to easily adapt to a youth and family's service needs by providing services in the home and providing supports, such as intervening with chronic absenteeism using specific family engagement strategies, allows for services at the right time in the right place and in the right amount.

▪ **Cross-Systems Expertise and Collaboration:** Many CBOs that schools might consider working with come with a cross-sector lens that is also important. In addition to a behavioral health lens, organizations may also work with the child welfare and juvenile justice systems. This means that these organizations are uniquely able to collaborate across systems to improve coordination and outcomes for youth, and to avoid unnecessary systems involvement with prevention-oriented interventions.

▪ **Technical Expertise:** CBOs with deep knowledge and experience in the provision of mental health services share critical expertise on developing a comprehensive framework of intervention that fits into the multi-tiered systems of support (MTSS) model.

▪ **Funding Expertise:** A CBO providing school based mental health services will likely have experience in multiple funding mechanisms and be able to provide the technical expertise necessary to integrate funding streams and leverage all possible options to reduce the fiscal liability on the school system. Some of these funding mechanisms are discussed later in this report.

▪ **Comprehensive Approaches:** A CBO with deep roots in the local community also has the experience and trust necessary to provide truly comprehensive and trauma-informed mental health services. For some students, this will mean far more than 30 minutes of therapy a week. For some, this will necessitate mental health staff with the ability to serve the student in their home, with the parents or caregivers and in a variety of creative and innovative ways.

▪ **Data Driven Care:** CBOs and mental health clinicians can develop treatment plans, deliver evidence-based practices, and implement a data-driven approach to mental health services to students with the highest needs. MTSS models in partnership with a CBO builds the capacity of a school community to build its data systems and coordinate care.

▪ **Equity and Social Justice Lens:** Finally, CBOs are rooted in their communities, and often know the students and families beyond the schoolyard. They bring a critical understanding of how ACES and intergenerational trauma impact student learning, as well as the impact of institutional racism that impacts communities of color. CBO practitioners are trained in addressing the intersection of trauma, brain science, and social-emotional needs.

The Power Of Partnership In Financing: A Comprehensive Approach

The limited resources that schools have to address students' social-emotional needs require strong collaborative partnerships that braid and blend all available funding streams and maximize access to federal funding. Working together, schools, county offices of education, county behavioral health departments, school counseling staff, and CBOs can create a full array of services and supports to meet this unusual moment and beyond. Our children and youth depend on it.

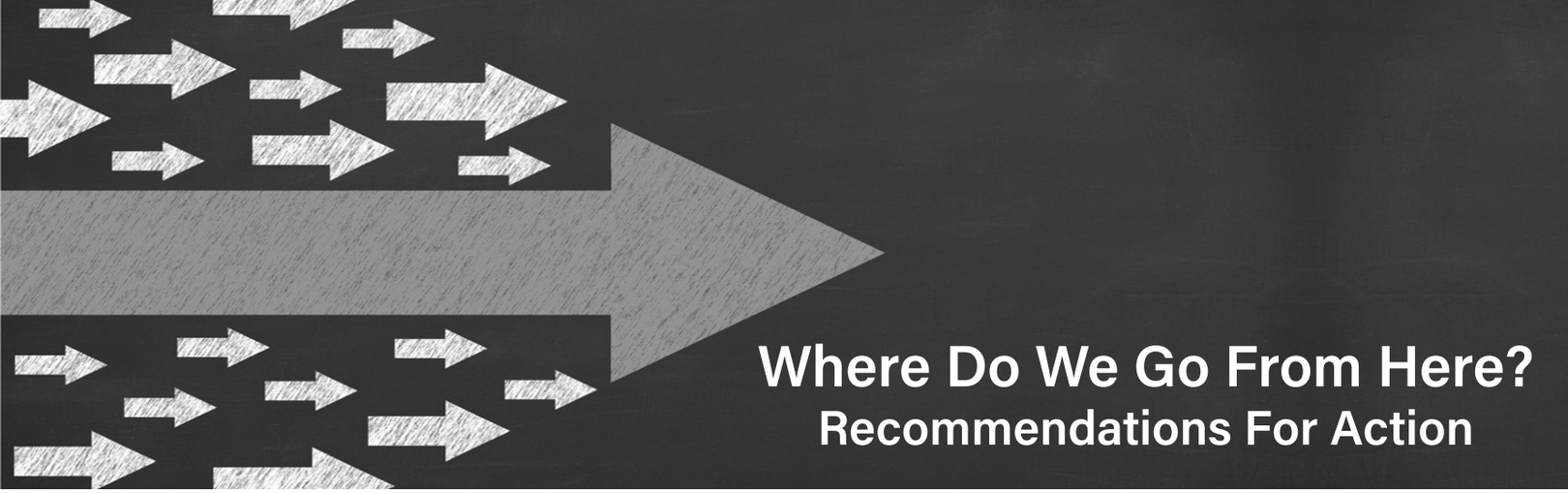
The California Children's Trust has authored a practical guide for schools[6], that outlines various approaches to financing partnerships. The California School-Based Health Alliance, CDE, MHSOAC, and CalMHSA have developed an Implementation Guide[7] that provides a wide range of tools for districts and partners to use in designing the best approach that meets their students' and communities' unique needs.

Due to the structure of financing for the multitude of potential funding streams, understanding how each category of funding works, and how to best apply them, is vital. CBOs have a depth of knowledge and experience in understanding federal, state, local, and donor funding, and how best to capture every last dollar.

Among those potential resources to support student mental health services are (see **Appendix A** for detailed descriptions):

- **Local Educational Agency - MediCal Billing Option (LEA-BOP)**
- **EPSDT MediCal Specialty Mental Health Services**
- **Community Schools Funding – State and Federal opportunities**
- **Mental Health Services Act (MHSA) funds**
- **Educationally Related Mental Health Services funding through AB114**
- **Local Control Funding Formula (LCFF) funding for English Learners, foster youth, and low-income students**
- **Prop 47 grants**
- **MediCal Administrative Activities**
- **Managed Care contracts**
- **Philanthropy**

CBOs, schools, and county behavioral health organizations can build robust continuums of care for all students. It will also be important to engage managed care and commercial insurance organizations in supporting schoolbased mental health for students who are their beneficiaries.



Where Do We Go From Here?
Recommendations For Action

1. Cohesive Leadership to Achieve Integrated Care – With two separate agencies needing to work together, the systems create additional barriers to collaboration that comes naturally in a siloed world.

- **Develop a shared vision between California Department of Education (CDE) and Department of Health Care Services (DHCS). Create priorities and develop an ongoing system of collaboration and goal setting that is focused on student-centered approaches to social and emotional well-being. While each agency is deeply committed to quality behavioral health support for children, cross systems work is difficult.**

- **Integrate CBOs and county behavioral health agencies into statewide efforts to integrate behavioral health services into schools. Implementing services locally is very different than designing high level systems, and these stakeholders can provide critical insight into how to both design financing and service delivery in local community schools.**

- **Create ongoing forums for key stakeholders - CDE, DHCS, Mental Health Services Oversight and Accountability Commission (MHSOAC), school districts, county offices of education, county behavioral health departments, and CBOS to share information and develop a shared understanding of goals and initiatives. This could be a quarterly meeting designed to support integrated systems of care. This forum should be mirrored at the county levels.**

- **The Office of Suicide Prevention under the Department of Public Health should be leveraged to provide direction and leadership on addressing integrated mental health supports on school campuses. This office could be renamed the Office of Integrated Mental Health and Suicide Prevention.**

2. Build Integrated Systems to Support the Whole Child and Family – State and County-Level Cross Systems Collaboration – Major mental health initiatives should include representatives from all child-serving agencies, including education, social services, probation, regional centers, and CBOs. At the state level, this includes CalAIM, the Behavioral Health Task Force, and other efforts to reform the system of care for children and youth. An example of a systems change effort that includes active participation from both mental health and education is the Medi-Cal for Students (SB 75) Workgroup.

3. Integrated Funding – In order to diversify funding and serve student and teacher mental health in a truly comprehensive way, funding needs to be diversified. Incentive grants and startup costs need to be provided to support schools, county behavioral health departments and contracting CBOs to collaborate and build programs to access the federal funds available. CBOs can additionally help serve as connecting points to contacts with commercial insurance plans, providing the clinicians and administrative billing supports necessary to truly serve the school community. There are significant funding opportunities in the coming year as well which build on the success of partnerships between schools and the public behavioral health system. For example, the Children and Youth Behavioral Health Initiative was announced in July of 2021 with a $4.4 billion investment to enhance, expand, and redesign the systems that support behavioral health for children and youth. The initiative recognizes schools as critical partners in ensuring access to preventive and early-intervention behavioral health services for students and provides funding for school-based services.

4. Capacity Building – Districts, county agencies, and CBOS need ongoing capacity building to support efforts to increase their ability to use every funding mechanism available to support school mental health and supports. Collaborative opportunities through organizations such as Breaking Barriers provide all partners with time to be strategic and planful about partnership efforts.

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For more information about CBO partnerships and school-based mental health funding, please reach out to us at info@cacfs.org.

Endnotes:

[1]https://bellwethereducation.org/publication/missing-margins-estimating-scale-covid-19-attendance-crisis

[2]https://calmatters.org/education/2021/01/california-schools-record-enrollment-drop/

[3]Youth Suicide Prevention: Local Educational Agencies Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self Harm. September 2020. https://www.auditor.ca.gov/pdfs/reports/2019-125.pdf

[4]Rebecca T. Leeb, PhD; Rebecca H. Bitsko, PhD; Lakshmi Radhakrishnan, MPH; Pedro Martinez, MPH; Rashid Njai, PhD; Kristin M. Holland, PhD, Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020.https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm

[5]https://www.brookings.edu/research/summer-learning-loss-what-is-it-and-what-can-we-do-about-it/

[6]Practical Guide for Financing Social, Emotional, and Mental Health in Schools. California Children's Trust and Breaking Barriers. https://cachildrenstrust.org/wp-content/uploads/2020/08/practicalguide.pdf

[7]California Student Mental Health Implementation Guide. http://cshca-wpengine.netdna-ssl.com/wp-content/uploads/2021/01/CA-SMH-Implementation-Guide.pdf