School-Based Mental Health: School and Community Partnerships

JOINT POSITION STATEMENT

Between the California Association of School Counselors, California Association of School Psychologists, and California Association of School Social Workers

(Adopted March 2021)

In order to address rising mental health issues, federal and state governments, as well as Local Education Agencies (LEAs), need to invest in capacity building that includes developing comprehensive infrastructures to provide mental health services for all children and youth. Meeting the mental health needs of students is challenging for LEAs when resources are limited. Capacity building also requires significant time and stakeholder input to develop delivery systems and to ensure ongoing oversight. Providing adequate school-based mental health services is often complicated by the absence of an evaluation process, competing school operational responsibilities, fragmented external child serving systems and providers looking to collaborate with educators, and lack of direct correlation to the core mission of the school. With strong formative efforts and financial support, LEAs can meet the wide spectrum of student mental health needs and ensure fair and equitable access for all students. Furthermore, establishing schools as centers for wellness through partnerships with mental health systems can effectively provide greater support for all children and youth.

Historically, California has used its resources to employ a number of School-Based Mental Health Professionals (SBMHP) working in the PreK-12th grade school settings. Recent data signify that 16,670 Pupil Personnel Service (PPS) credential holders are employed in California's schools (Kidsdata.org, 2019). These individuals hold a PPS credential in one of three specialization areas – school counseling, school psychology, and school social work*. (PPS credential holders may receive advance training to receive a certificate in Child Welfare and Attendance). Authorization information can be found here. While some schools have invested substantially in student mental health, overall investments vary significantly from one LEA to another. Although California's financing of PPS professionals is substantial, it is woefully inadequate with average student caseloads that are significantly higher than other states.

There is expanding interest from health and human service partners to support schools in their efforts to address the social and emotional health of children and families. These emerging collaborators bring the promise of much needed resources but little or no experience working with schools. These partnerships are welcome, but schools and systems need to develop new and improved models of coordination and collaboration to effectively leverage opportunities at the nexus of public health and public education. To fully leverage federal matching funds coming through Medi-Cal, school districts need support in understanding and building their capacity to partner with Medi-Cal payers and providers.

Rationale: Rising mental health problems are of growing concern and greatly impact students' abilities to achieve in school. Key markers of mental health for children and adolescents include the attainment of developmental and emotional milestones, healthy social development, and effective coping skills[1]. According to the Centers for Disease Control and Prevention (CDC), without early diagnosis and treatment, children with mental disorders can have long lasting problems. Up to one out of every five children have a diagnosable mental health disorder[2]. Suicide is the second leading cause of death for youth[3]. A 2017 study demonstrates the effectiveness of mental health programs in schools and their

ability to reach large numbers of children[4]. Students of color and those from families with low income are at greater risk for mental health problems, yet are also less likely to receive services[5]. Of school-age children who receive behavioral and/or mental health services, 70%–80% receive them at school[6]. Having trusted adults, trained in mental health practices and familiar with all aspects of the inner workings of schools, is effective and practical in preventing and addressing mental health issues.

It is our position that:

Federal, State, and County Governments Must Provide Adequate Financial Support: Financial support must be provided to enable local communities to implement comprehensive culturally and linguistically appropriate school-based mental health programs to support and foster the mental health and development of students. Federal and state governments should encourage local communities to focus on schools as the hub for delivery of mental health, wellness, and social services.

Federal and State Governments Must Prioritize Funding to Meet the Minimum Federal Student Ratio Recommendations for School-Based Mental Health Professionals: The State of California must treat child and adolescent mental health as a top priority and provide funding that enables schools to lower the PPS-to-student ratio to nationally recommended levels. Ongoing revenue is needed for schools to deliver comprehensive mental health programs and develop short- and long-term strategies for meeting the basic provisions of services provided by school counselors, school psychologists, and school social workers in California's schools. Federal Ratio Recommendations are as follows: School Counselors, School Social Workers and School Psychologists.

LEAs Must Bolster School-Based Mental Health Services Through Partnerships: Widening treatment options for psychological maladies is needed in schools, including partnerships that expand a number of student-centered options. Coordination with local clinical networks, developing school-based clinics, and leveraging of students' existing care arrangements and insurance coverages are examples of ways LEAs can expand services. It is necessary that LEAs develop well-defined agreements with county public health systems, managed care organizations, and/or licensed mental health professionals working within public and private agencies. These licensed professionals include, but are not limited to, Licensed Educational Psychologists, Marriage and Family Therapists, Clinical Social Workers, Clinical Psychologists, and Licensed Professional Clinical Counselors.

LEAs Must Provide Resources for Supervision: When LEAs focus on the expansion of services by developing systems for outsourcing and the utilization of non-credentialed licensed individuals, supervision and coordination is a necessary consideration. Existing California law (80049.1(c))** stipulates that when LEAs supplement mental health services with licensed mental health professionals and volunteers, supervision from individuals holding a Pupil Personnel Services Credential is required.

LEAs Must Provide Routine Professional Development Regarding Mental Health to ALL School Staff: Federal and State Government, as well as LEAs, need to ensure that teachers and other staff members are trained to identify early warning signs for mental health issues and referral protocol including methods for contacting SBMHS for resources and assistance.

LEAs Must Design A Mental Health Delivery System Within a Multi-Tiered System of Support (MTSS): LEAs are encouraged to provide a continuum of care that is embedded within a MTSS model. It is recommended that LEAs establish indicators to determine the extent of student mental health needs and provide structures for equitable resource distribution. A three-tiered model includes Universal Support, Targeted Interventions, and Intensive Support***.

LEAs Must Adopt a Coordination of Services Team Model (COST): LEAs are encouraged to adopt COST processes as an effective system for managing and integrating resources for students. COST teams

identify and address student needs individually and ensure that the overall system works effectively to appropriate resources and interventions within a MTSS structure. The team may also match appropriate personnel authorizations to the needs of each student. Individuals with Disabilities Education Act (IDEA) defines counseling services as follows: "Counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel". [§300.34(c)] Determining personnel to provide Designated Instructional Services (DIS) and Educationally Related Intensive Counseling Services (ERICS) for students participating in special education is an important consideration for LEAs. Frequency, duration, and level of intervention needs to be considered, as well as how these responsibilities fit within a comprehensive school-based counseling program, and the size of the caseload for PPS professionals.

LEAs Must Develop Referral Protocols: Schools must enable prompt access to community-based mental health services through the development of referral processes that include the vetting of agencies and written agreements. These agreements should provide for time-sensitive services and the inclusion of provisions for communication and sharing of treatment thresholds with School-Based Mental Health Professionals. When LEAs initiate service contracts with public and private mental health agencies, agreements outlining information sharing under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) need to be clearly delineated. This includes contracts that define clear expectations pertaining to the release of information, referral process, and limitations that may exist due to Medi-Cal billing.

LEAs Must Improve Service Delivery Through Managed Care Organizations (MCO) and County Mental Health Plans (MHPs): LEAs must consider supplementing student mental health services with funding from MCO to address service-delivery gaps and provide convenient access to students who would not otherwise receive services. Strategies for ongoing case management, communication, and sharing of resources within a MTSS model must be considered. These services often are provided in school-based health care centers; however, suitable school-community collaborative processes, delivered within a community setting, are also effective. Inclusion of MCO and MHPs on school campuses requires adequate planning time with key stakeholders and provisions for utilizing MediCal funds, as well as other insurance providers. Requesting MCO and MHPs to invest in capacity building and start-up grants to build an MTSS model and the execution of contracts that include provisions for PPS services and eligible providers is necessary.

###

***Pupil Personnel Service (PPS)** professionals are authorized within three specialization areas - School Counseling, School Social Work, and School Psychology. They are skilled in providing a variety of mental health services and operate only in areas that they are qualified to perform. The possible services each PPS specialist may offer is extensive. Detailed information regarding PPS specializations, roles and responsibilities and credential authorizations may be accessed here and here. Each area of specialization is grounded in child development, mental health, curriculum and instruction, and school climate. Programs are delivered through a comprehensive, data-driven school-based system built upon a Multi-Tiered System of Support (MTSS) model. The broad spectrum of services provided is based on local need and evidence-based practices. These include, but are not limited to, prevention services, universal screenings, assessment, early intervention, and treatment.

****Mental Health Multi-Tiered System of Support Model: Tier 1** - Universal supports are recommended to be delivered through school-wide prevention activities, including meeting grade-level social and

emotional competencies, and providing structural activities to increase school safety and build a positive school climate. **Tier 2** - Targeted intervention structures are recommended for early identification and to provide short-term intervention services including individual and group counseling services. **Tier 3** - Intensive supports are recommended to address students experiencing significant distress or mental health challenges including therapeutic interventions and specialized supports such as wraparound services.

*****80049.1(c):** Nothing in this section shall be construed to preclude school districts from utilizing community-based service providers, including volunteers, individuals completing counseling-related internship programs, and state licensed individuals and agencies to assist in providing pupil personnel services, provided that such individuals and agencies are supervised in their school-based activities by an individual holding a pupil personnel services authorization.

Note: Authority cited: Sections 44225 and 44266, Education Code. Reference: Sections 44252 and 44266, Education Code.

Citations

1. Anderson Moore, Kristin; Lippman, Laura H.; McIntosh, Hugh (2009). Positive Indicators of Child Well-being: A conceptual framework, measures and methodological issues, *Innocenti Working Papers* no. 2009-21,
2. Avenevoli, S., Baio, J., Bitsko, R. H., Blumberg, S. J., Brody, D. J., Crosby, A., ... & Huang, L. N. (2013). Mental health surveillance among children--United States, 2005-2011. https://stacks.cdc.gov/gsearch?collection=&terms=Mental+health+surveillance+
3. Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. Journal of Abnormal Psychology, 128(3), 185–199. https://doi.org/10.1037/ abn0000410
4. Wolters Kluwer Health. (2017, August 10). Mental health programs in schools: Growing body of evidence supports effectiveness. *ScienceDaily*. Retrieved March 9, 2021 from www.sciencedaily.com/releases/2017/08/170810173331.htm
5. Panigua, F. A. (2013). *Assessing and treating culturally diverse clients: A practical guide* (3rd ed.). Thousand Oaks, CA: Sage.
6. Atkins, M., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health*, 37, 40–47.