SUPPORTING SCHOOL MENTAL HEALTH SERVICES

Public Funding & Other Key Issues
For audio, dial 415-655-0003
Access code 663 633 763

The webinar is being recorded

Supporting materials will be shared
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The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org
LEARNING OBJECTIVES & AGENDA

✓ Understand trauma-informed school mental health program model.

✓ Identify two best practices for program development and clinical care.

✓ Identify public funding streams that can be leveraged to sustain trauma-informed school mental health practices.
SCHOOL-BASED BEHAVIORAL HEALTH
School Based Behavioral Health

- Health Equity and School Based Behavioral Health
- Trauma Informed Treatment and Interventions
- Comprehensive School Based Behavioral Health
- Youth as a Resource in School Based Mental Health
Place Matters

School Health Centers = Equity and Access to care

The Pulse of Oakland
http://thepulseofoakland.com/

• For a baby born in Castlemont today, the average life expectancy is 74 years, according to the Alameda County Public Health Department. That’s 12 years less than a child born in nearby Piedmont, a small and wealthy enclave in Oakland, a few miles north of Castlemont.
Chappell-Hayes Health Center opened 2005

Youth Uprising/Castlemont Health Center opened 2006

Dr. Barbara Staggers, as Adolescent Medical Director at UCSF Benioff Children's Hospital Oakland, opened the Chappell-Hayes and YU/Castlemont School Based Health Center. Dr Su Park lead our school based behavioral health programs. Together they laid a foundation for culturally accountable and trauma informed care.
Trauma Informed Care

According to SAMHSA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

• **Realizes** the widespread impact of trauma and understands potential paths for recovery;

• **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

• **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and

• Seeks to actively resist *re-traumatization*.
Schools can no longer limit interventions to individual children with known trauma histories but must create instructional frameworks that integrate a trauma-sensitive approach into all aspects of the school day.

Craige, Reaching Children Who Hurt: Strategies for Your Classroom
Trauma Informed and Healing Schools

- Principal and Administrative Healing Schools Consultation
- Trauma Informed Schools Professional Development for educators
- Wellness sessions for educators led by clinicians
- Trauma and Resiliency trainings for parents
- In class presentations for students
National Models

SHAPE the Quality of your school mental health system at www.theSHAPEsystem.com

National Center for School Mental Health (NCSMH)
Comprehensive School Based Behavioral Health Services

• Evidenced Based and Culturally responsive Psychotherapy for adolescents and families
• On-call assessment for suicidal behaviors
• Psychiatry services and linkage to medical services.
• Training and Consultation to and with school staff, medical providers and school partners
• Peer health education and outreach

"Thank you so much for all your help, you know you are a part of our family now. You helped me so much with my parenting skills and supported me to take care of myself so I could take care of my family. We really appreciate you!"
–Parent February 2018
YU/ Castlemont Clinic New Immigrant Youth Services

- Psychiatry & Primary Care
  - Med evaluation, diagnosis, treatment consultation, advocacy, referral to specialty care

- Individual Therapy
  - Assessment, coping skills, mindfulness, psychoeducation, informed by CBITS, DBT, Creative Expression

- Family Therapy
  - Reunification, communication, attachment, adjustment, family structure, financial stress

- Case Management
  - Food, immigration support, financial, emergency housing, clothing

- Group Therapy
  - CBITS, DBT skills, peer support, 10-week cycles, cultural adaptations implemented

- Crisis Management
  - On-call staff daily, assess for self-harm and harm to others, assess needs, make referrals, may lead to on-going services

- Legal Assistance
  - Provide mental health evaluations/summary for immigration case, referrals to immigration services

- School Consultation
  - IEP/504 Advocacy, psychoeducation about school system, trauma-informed class & behavior management, consultation around gang violence

Created by: Maria M. Mosqueda, LMFT
Treatment and Intervention

• Evidence Based and Culturally Responsive Care
• Addressing Social Determinants of Health
• School Based Behavioral Health Clinical Team
Selected Evidence-Based Interventions

Adolescents

- Dialectical Behavioral Therapy (DBT)
- Trauma-Focused Cognitive Behavioral Therapy
- Seeking Safety
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Attachment, Regulation & Competency (ARC)
- Motivational Interviewing


National Child Traumatic Stress Network Treatments That Work: [http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices](http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices)
Student Engagement

• Informed consent
• Destigmatizing Mental Health
• Managing confidentiality on a school campus
Family Engagement

- Engaging multi-stressed families
- Managing confidentiality, mandated reporting and therapeutic relationships
- Child and adolescent development
- Engaging caregivers in safety planning
- Celebrating with families
Collaboration

• School Staff
• Educators
• Primary Care
• Psychiatry

• Social Workers, Probation Officers
• Coaches
Bridging to Resources

- School services
- Medical providers
- Therapeutic Behavioral Services
- Regional Center
- Psychological testing
- Youth Development Programs
- Internships and work opportunities
- Addressing social determinants of health
Competencies needed in a School Based Behavioral Health Team

• Cultural Humility
• Youth Development
• Case Consultation
• Reflective Supervision
• On Going Training
• Addressing Vicarious Trauma
Comprehensive School Based Behavioral Health: Reaching the whole school

Our goal is to promote the health of the whole school – students, families, educators and to support a healthy and safe community.
Youth as a Resource in School Based Mental Health

• Youth were actively involved with design and implementation of each clinic

• Couch – wanted to replicate the feeling of “Sanctuary”

• Chose name: Chappell Hayes to honor Chappell Hayes, West Oakland environmental activist who worked in the woodshop where the clinic is now
Youth as a Resource in School Based Mental Health

- Youth Health Advocates
- Peer Health Workers
- Peer Counselors
- Youth Health Ambassadors
• Thank you for being somewhere I can come to when I don’t know what’s best for me and I can’t talk about it/make decisions with anyone else
• Helped get less stressed and more focused on my schoolwork
• Helped me build myself a stronger woman by example and conversation
• con recursos en la comunidad
• The school health center helped me manage my stress at home, fill out job applications get connected to a psychiatrist
• me han ayudada a valorarme mas como persona
• They have helped me control my anxiety and not feel depressed
• they have helped me in not getting distracted so easily
Resiliency and Hope
Mental health resources reach ALL students

- The goal is to sustain services in all three tiers for a comprehensive school-based mental health

Comprehensive school mental health programs require strong partnerships between school staff and community providers, where everyone identifies resources to bring to the table.

Some funding sources may run counter to trauma-informed, healing-centered goals.
FUNDING

Tier 3
- Medi-Cal Specialty Mental Health
- Medi-Cal Mild/Moderate Mental Health

Tier 2
- Educationally Related Mental Health Services

Tier 1
- Local Control Funding Formula
- LEA Billing Option Program

School Funding
- ESSA

County Funding
- Mental Health Services Act

Medi-Cal Specialty Mental Health
- Sometimes called “EPSDT funding or services”
- Controlled by County Mental Health Plans
- Intensive, clinical services
- Must contract with the county

Medi-Cal Mild/Moderate
- Controlled by Medi-Cal Managed Care Plans
- Shorter term interventions
- Must contract with managed care plan

Mental Health Services Act (MHSA)
- Distributed directly to the counties
- Enhance, rather than replace, existing programs
- PEI funding category! Three year spending plans submitted by the county!

- **Educationally-Related MH Services (ERMHS)**
  - Restricted funds to SELPAs
  - Mental health identified in a student’s IEP
  - Usually school-employed MH providers

- **LEA Billing Option Program**
  - Reimbursement program for schools
  - 50% share of cost for school-employed providers like LCSWs, MFTs

- **Local Control Funding Formula (LCFF)**
  - Per student funding for public schools
  - LCFF funds almost every service provided by public schools
  - District personnel, training, schoolwide and targeted programs

- **Every Student Succeeds Act (ESSA)**
  - Federal funding from states, then to LEAs
  - Two sections, Title I and IV, promote investments beyond academically focused learning supports
NEW FUNDING: ACES AWARE

• Initiative between DHCS and State Surgeon General
• To increase trauma screening for Medi-Cal patients in primary care settings
• $29 supplemental payment to Medi-Cal providers
  • PEARLS tool for pediatric patients
• After July 1, 2020, providers must complete a training to continue receiving supplemental payment
• https://www.acesaware.org
RESOURCES

Public Funding for School-Based Mental Health Programs (toolkit):

School Mental Health Resources:
https://www.schoolhealthcenters.org/healthlearning/mentalhealth/
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