Social-emotional, Behavioral, and Mental Health:
Integrating Systems

The Challenge

California's children are struggling. Within the last decade, the rate of children needing acute psychiatric care has more than tripled in some places.[1] For poor children, the numbers are worse.[2] Among adolescents, the state is "in the throes of a worsening epidemic of mental illness."[3]

At the same time, challenging behaviors in schools are increasing, and the number of children being identified as having a disability, including emotional disturbance and attention deficit/hyperactivity disorder, is increasing along with them. With special education becoming the default mental health service,[4] the cost of special education is skyrocketing.

To complicate matters, the challenging behaviors that many children demonstrate may have nothing to do with an enduring emotional disturbance; they can represent a very human and natural response to personal or environmental trauma.[5] In fact, numerous social determinants influence health and behavior, including race and ethnicity, gender, age, income, and education.[6]

Identifying the true source of challenging behaviors—and the best ways to address them—becomes further complicated when the stigma of mental illness, implicit bias, and stereotypes obscure the vision of the adults in charge.

Research has confirmed several things: Prevention is the most cost-effective approach to addressing any problem. And when a child does struggle—with physical, mental, or social health issues—the sooner help is provided, the more likely he or she will be able to heal and continue on a healthy developmental path. Of course what is also true is that the longer a child has to wait for supports or services, or the weaker and more unreliable the services are, the more the prospect of a healthy outcome diminishes. And without effective interventions and services, the commensurate costs to society rise, not just in payments for special education, medical, and mental health supports, but also in funds for juvenile justice, social services, and welfare. In general, a "lack of access to care and the stigma of mental illness [have] profound social consequences: homelessness, school failure, incarceration, and unemployment."[7]

The Services

Most children and youth in California receive physical and mental health services through a patchwork of disconnected programs. Sometimes several programs deliver the same kinds of services with different eligibility requirements. Many rural and remote areas have become service deserts. And age and eligibility limits attached to many services often cause children to be dropped from needed supports, leaving parents to figure out where and how to fill in the gaps.

To add to the complication, children with chronic physical, developmental, behavioral, or emotional conditions need services from several programs at the same time (e.g., education, health and human services, foster care, juvenile justice). Parents have to find a way to access and coordinate the services that their child needs—a task that often is a full-time job. Until recently, most of these programs operated in isolation or even in competition.

The Solution

Within the last decade, California has seen a growing statewide commitment to a Coordinated System of Care for children and families. Effective programs have been developed for specific populations. Now leaders and policymakers are looking at these programs to discover patterns for a larger solution, one that is non-categorical and that is capable of serving every child in the state.

These pages show the range of what is being done and how the state might progress further in strengthening and coordinating mental and behavioral health services for students. Page 2 features legislation, policy changes, and initiatives that are helping to unify a complex and fragmented system of care. Page 3 highlights one model that some areas of the state are using to create successful systems of school-based mental health services on a local scale. Page 4 illustrates the kind of state-level leadership that could spread these kinds of successes across California, stem the tide of the current mental health epidemic, and give every child in the state a chance to realize a healthy future.

1. Reese, P. (2019, December). *More adolescents seek medical care for mental health issues.* California Health Line. Retrieved from https://california-healthline.org/multimedia/more-adolescents-seek-medical-care-for-mental-health-issues/

2. Boyd-Barrett, C. (2019). *Few low-income children get mental health care in California, despite need.* California Health Report. Retrieved from https://www.calhealthreport.org/2018/07/18/low-income-children-get-mental-health-care-california-despite-need/

3. Crook, D. (2019, December). *California's worsening mental health crisis starts young.* Blue Shield of California. Retrieved from https://news.blueshieldca.com/2019/12/02/youth-mental-health

4. Powell, R., Estes, E., & Briscoe, A. (2020, February). *Realizing one integrated system of care for children.* Retrieved from https://edpolicyinca.org/sites/default/files/2020-02/pb_powel_feb20.pdf

5. Jones, J. (2007). Exposure to chronic community violence: Resilience in African American children. *Journal of Black Psychology, 33*(2), 125–149.

6. American Academy of Pediatrics. Social Determinants of Health. Retrieved from https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Social-Determinants-of-Health.aspx

7. Scheffler, R., & Brown, T. (n.d.). *California's Mental Health Services Act: Is it working?* Berkeley Public Health. Retrieved from https://publichealth.berkeley.edu/news-media/publications/berkeley-health-magazine/2010-fall/ca-mental-health-services-act/

An Integrated System of Care: California's Progress

The goals: Remove barriers to accessing services. Create interagency partnerships. Coordinate services. Braid and blend funds. Eliminate duplicated efforts. Ensure a seamless pathway to services. And establish an integrated, school-linked continuum of services that is readily available to all students. The initiatives, laws, and grants listed on this page demonstrate California's commitments and most recent efforts toward reaching these goals.

Recent Legislation & Ongoing Initiatives

- Breaking Barriers
- California School-based Health Alliance
- Senate Bill 75
- AB 2083 System of Care Reform
- Governor's Proposed Budget for Community Schools
- Mental Health Student Services Act
- SB 82 Triage Grants

Breaking Barriers

Purpose: To advance the social, emotional, behavioral and educational health of California's children and youth by realizing an integrated, comprehensive, and accessible child-serving system that is accountable for shared outcomes for California's children and families. **Learn more** at *http://www.breaking barriersca.org*

California School-based Health Alliance

Purpose: To improve the health and academic success of children and youth by advancing health services in schools and promoting equity and access to these services for all students. The Alliance's website offers a wealth of information—toolkits, fact sheets, research, and resources of all kinds—for administrators, teachers, parents, and students about what they can do to support improved mental and physical health for all students. **Learn more** at *https://www.schoolhealthcenters.org/about-us/*

Continuum of Care Reform (AB 2083)

Purpose: To streamline the placement in home settings for foster children, limit the amount of time they spend in group settings and treatment facilities, and create for them the best chance of finding a permanent family that is committed and nurturing. **Learn more** at *https://www.cdss.ca.gov/Portals/ 9/CCR/CCRInfographic.pdf?ver=2017-10-18-161318-400*

Governor's Proposed Budget for Community Schools

Purpose: To create models of innovative community schools that integrate and coordinate wrap-around services to provide intensive mental health and social services for students, and to provide professional development for staff in the areas of student mental and behavioral health, trauma-informed care, social-emotional learning, and restorative justice. **Learn more** at *https:// www.gov.ca.gov/2020/01/10/governor-newsom-proposes-2020-21-state-budget/*
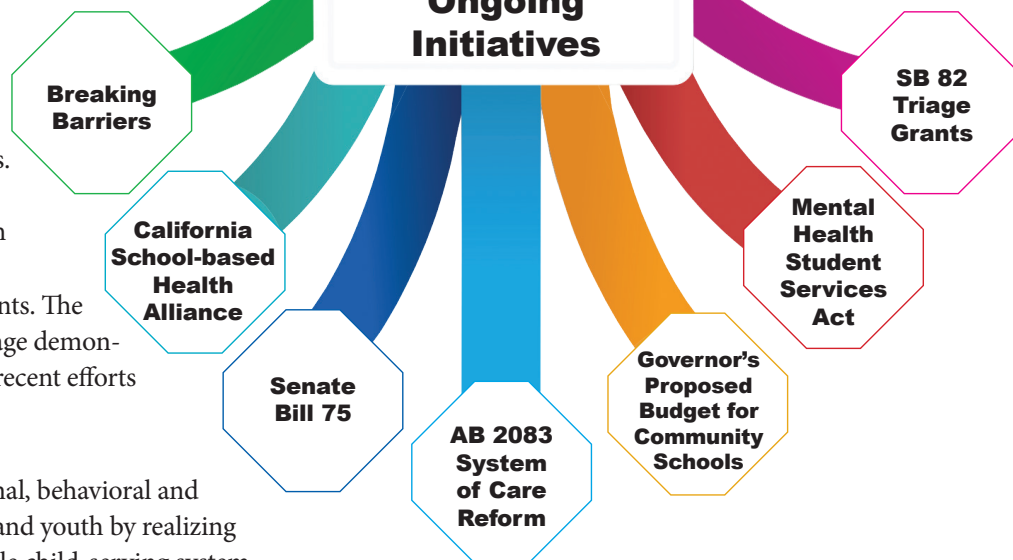
Mental Health Student Services Act

Purpose: To establish mental health partnerships between a county's mental health or behavioral health department and school districts, charter schools, and the county office of education. Part of the Mental Health Service Act. The Mental Health Services Oversight and Accountability Commission (MHSOAC) oversees the disbursement of grants for these partnerships. **Learn more** at *https:// mhsoac.ca.gov/what-we-do/request-proposal/mhssa-rfa*

School-County Collaborative Triage Grants (SB 82)

Purpose: To use Mental Health Services Act funds to improve access to and capacity for mental health crisis services, expand the continuum of services with early intervention and treatment options that are wellness, resiliency, recovery oriented in the least restrictive environment. The MHSOAC oversees these grants. **Learn more** at *https://mhsoac.ca.gov/ what-we-do/triage/triage-program-overview*

Senate Bill 75

Purpose: To financially support the Governor's priorities for education. Specifically, among other things, to facilitate local educational agencies' (LEAs) access to Medi-Cal for health-related services (including social-emotional, behavioral, and mental health) through existing programs and to remove existing barriers to that access. To make it easier for LEAs to create school-based health centers to address the mental health crisis among young people in the state.

An Interconnected Systems Framework

An **Interconnected Systems Framework** (ISF)[1] provides a structure and protocols for educational and mental health systems to work together to create healthy climates in schools and to make effective and efficient social-emotional and behavioral health services available to students as soon as they need them. An ISF does this by providing services and supports to all students through a multi-tiered system of supports (MTSS) that incorporates positive behavioral interventions and supports (PBIS). All staff in an ISF have training in how to identify social-emotional and behavioral health problems in students and when and where to refer them for services. Clinicians and counselors are engaged in every tier of the three-tiered structure.

A successful ISF requires the involvement of key stakeholders who have the authority to reallocate resources in both education and mental health sectors, change the role of staff, and change policy. The agency stakeholders include parents as part of their team. Together they share the responsibility for student progress toward goals that they jointly determine.

An ISF pays for mental health services in schools by blending funds from available sources, for example, from Medi-Cal insurance, the Local Control Funding Formula (LCFF), and the Individuals with Disabilities Education Act (IDEA), among others. The framework makes possible a more efficient use of these resources.

The fiscal/organizational model of an ISF also makes possible the presence of mental health clinicians on school campuses. These professionals participate on schoolwide leadership teams to address the social-emotional and behavioral health needs of all students; provide professional development related to positive behavioral supports,
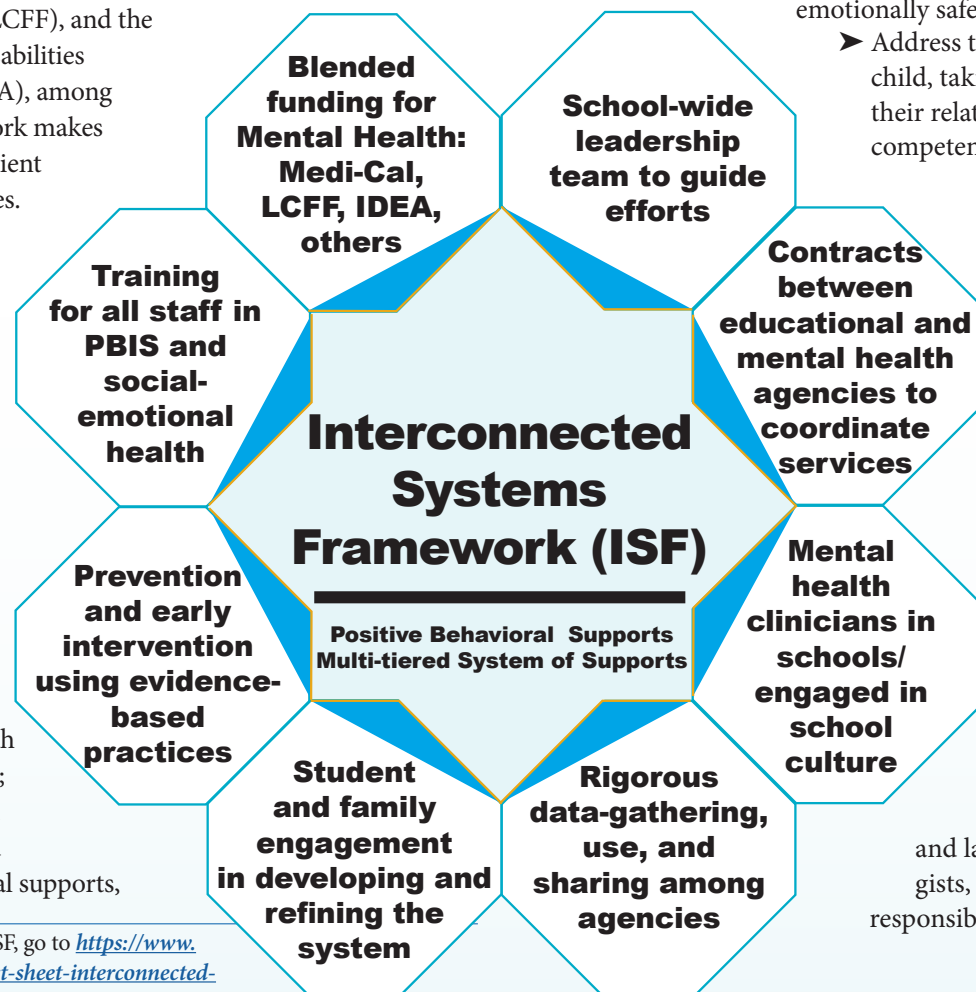
prevention, early intervention, and self-care strategies for staff; and actively promote a healthy school climate.

Behavioral health staff also are part of cross-system efforts to collect data to gauge the fidelity of implementation efforts, the effect of those efforts on the mental health and behavior of students, and the influence of these efforts on school climate. The behavioral health clinician is also on site to address any mental health or behavioral crisis.

An ISF gives clinicians the time to build the capacity of all staff to respond to the needs of most of the students in the school community without requiring them to have a label or diagnosis.

Examples of Goals in an ISF

➤ Accept mutual responsibility (among all service providers) for the progress of each child.

➤ Jointly determine goals that address each child's multiple service needs.

➤ Create a shared understanding of child trauma among all staff and the influence of adverse childhood experiences and trauma on school performance and behavior.

➤ Support all children to feel socially and emotionally safe.

➤ Address the needs of the whole child, taking into account their relationships, academic competence, and physical and emotional well-being.

➤ Create connections with community partners that in turn connect students to the wider community.

➤ Embrace teamwork and collaboration, especially between general educators and special educators (resource specialists, speech and language pathologists, etc.), and share responsibility for all students.

Interconnected Systems Framework (ISF)
Positive Behavioral Supports
Multi-tiered System of Supports

- Blended funding for Mental Health: Medi-Cal, LCFF, IDEA, others
- School-wide leadership team to guide efforts
- Training for all staff in PBIS and social-emotional health
- Contracts between educational and mental health agencies to coordinate services
- Prevention and early intervention using evidence-based practices
- Mental health clinicians in schools/engaged in school culture
- Student and family engagement in developing and refining the system
- Rigorous data-gathering, use, and sharing among agencies

1. For more about an ISF, go to *https://www.pbis.org/resource/fact-sheet-interconnected-systems-framework-101-an-introduction*

A Vision for the Future:
A State Interagency Leadership Council

An effective mental health services system—one that is designed to prevent mental health challenges, intervene early when needs arise, and effectively address the social-emotional and behavioral health needs of all children and youth who struggle—would reflect a genuine commitment to the future, the future of California itself as well as the state's children. This level of commitment would be as economically smart as it would be humane,[1] and it is especially critical as we unite to serve children and families during and following the COVID-19 pandemic.

Achieving the necessary degree of systems integration and cross-agency engagement, however, requires something larger than genuine commitment and shared good will. It requires intentional planning and oversight at both local and state levels.

Leaders from Breaking Barriers have recently published a policy analysis—*Realizing One Integrated System of Care for Children*—that articulates a vision for this very system. The PACE publication[2] details the urgent reasons for and components of a statewide system of services that is unified and coherent.

Any idea for improving child-serving systems deserves to be considered. The Statewide Interagency Leadership Council as envisioned by the leadership from Breaking Barriers would need to be supported by the governor and granted the ability to analyze all public entities and budgets that serve children and their families. This council would also be able to identify and hold all participating agencies responsible for the shared outcomes of all students. This is a very big dream.

The graphic on this page shows what role a Interagency Leadership Council could play.

What's to Be Done

Children grow up to be adults, and adults with mental illness live 11 to 25 fewer years on average when compared to the general population.[3] Moreover, children with unmet social-emotional and behavioral health needs are more likely to be involved in the welfare and criminal justice systems and less likely to gain and maintain employment.

Integrated systems of care for children with behavioral health needs are key to disrupting this pattern.[4] An effective statewide system makes it possible for children and families to access the services and care they need, no matter what "door" they first enter when looking for that care. As proposed in the PACE publication, such a system could be supported by a California Children's Interagency Leadership Council that would:

➤ Have the authority to design the above-described integrated and accessible child-serving system.

➤ Have the necessary permissions to analyze and make the most efficient and effective use of the state's resources.

➤ Hold each entity in this system accountable for cross-system, shared outcomes for California's children and families.

➤ Be able to create incentives for integrating public and private child-serving agencies/organizations to maximize the use of resources for children and families.

➤ Have the resources to provide technical assistance and support to counties and stakeholders so they can realize these shared outcomes.

No one disputes the importance of addressing the social-emotional and behavioral health needs of all children, those with disabilities and those without, those in crisis, and all who can benefit from preventive services. And while many excellent initiatives provide locally comprehensive services, these initiatives are all limited in scope and reach, confined by geography or the populations they serve. Children and families continue to fall through the cracks. The image on this page suggest one way to seal those cracks. To dream big.

California Children's Interagency Leadership Council

Responsible for:
➤ Shared accountability
➤ Coordinated budgets
➤ Coordinated services
➤ Shared cross-system outcomes for all students

1. Washington State Institute for Public Policy. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Retrieved from *http://www.wsipp.wa.gov/ReportFile/881/Wsipp_Benefits-and-Costs-of-Prevention-and-Early-Intervention-Programs-for-Youth_Summary-Report.pdf*

2. Find *Realizing One Integrated System of Care for Children* at *https://edpolicyinca.org/sites/default/files/2020-02/pb_powel_feb20.pdf*

3. Druss, B. G. et al. (2011). Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care, 49(6): 599–604.

4. Substance Abuse and Mental Health Services Administration. (2017). Integrating behavioral health and primary care for children and youth. Retrieved from *https://www.integration.samhsa.gov/integrated-care-models/Integrated_Care_System_for_Children_final.pdf*