

# EDUCATION'S VISION FOR BEHAVIORAL HEALTH IN SCHOOLS

The youth mental health crisis manifests every day in our schools, contributing to higher drop-out rates, student disengagement, chronic absenteeism, increased disciplinary actions, and the tragic loss of students. Teachers, school administrators, and staff are acutely aware that students' ability to engage in learning is directly related to whether their behavioral health and social-emotional needs are being met. Unfortunately, it has become apparent that the current behavioral health system is not reaching students and, in many cases, has refused to implement common-sense and evidence-based approaches that would address the chief barriers to student access and reduce both prevalence and acuity of mental illness.

California's school leaders envision a world where the barriers to behavioral health services no longer exist. In this reimagined future, all students benefit from prevention and intervention measures starting the day they are enrolled in kindergarten regardless of insurance provider, health plan, or diagnosis. The school culture is characterized by a wellness mindset in which school staff acknowledge that the "whole child" needs of students must be addressed in order for students to learn and engage. Social-emotional learning and self-regulation is incorporated into the curriculum, as are age-appropriate lessons on mental health awareness, signs and symptoms, prevalence, and resources. Teachers and staff promote mindfulness and wellness in the classroom while embedded school mental health professionals work with students to develop protective factors, such as resiliency, self-esteem, and coping skills.

Students who need individualized and ongoing counseling receive those services on their school campus in a way that minimizes lost instructional time and maximizes the benefits of an ecological model in which professionals can evaluate and address the natural external factors that play a central role in childhood behavior disorders. School mental health professionals observe classroom and playground behaviors, meet regularly with teachers to discuss student progress and challenges, and participate in coordination of services teams (COST). When external factors are identified as the source of behavior or academic challenges, COST liaisons

work with internal departments and county services agencies to connect students and families to the resources they need, including but not limited to, food, housing, childcare, afterschool programs, and free or reduced-cost technology.

Parents and caregivers receive information promoting mental health awareness, are offered mental health first aid training, and, when appropriate, are invited to participate in counseling sessions. Schools use their position as trusted community leaders and de facto messengers to chip away at deeply ingrained general and culture-specific stigmas associated with receiving mental health services.

Lastly, but importantly, schools receive adequate, predictable, and ongoing funding that covers the cost to hire or contract for school mental health professionals and coordination of care time, including compensation for prevention and intervention activities that are embedded into classrooms and curricula. School administrators, managed care plans, commercial health plans, and county mental health plans work together to identify a streamlined compensation methodology across all payors that reduces the claiming and documentation burden on school mental health professionals and COST members, decreases the instability created by audit disallowances, and facilitates a continuum of care. A state-created and supported data system and platform is utilized efficiently by all parties for appropriate information sharing (while honoring student privacy) and, to the extent necessary, for submitting documentation and paying claims. This integrated platform facilitates time-sensitive and relevant communications between all local agencies that touch students' lives during a crisis or adverse childhood experience -- such as removal from the home, incarceration of a caregiver, or housing insecurity -- and helps trusted adults anticipate and meet students' needs.