PROJECT CAL-WELL

Statewide Principals Survey
Summary Report
2021-22 School Year

California Department of Education

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Summary of Findings

Through the California Department of Education (CDE), Project Cal-Well is implementing programs statewide and in partnership with county offices of education and school districts in northern California. Project Cal-Well's overall mission is to increase awareness of and improve mental health and wellness of California's kindergarten through grade twelve (K–12) students. Project Cal-Well is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Now Is the Time" Project Advancing Wellness and Resilience in Education (NITT-AWARE) grant program.

As part of the Project Cal-Well evaluation conducted by the University of California, San Francisco (UCSF) School Health Evaluation & Research Team, a statewide Principals Survey was administered to a convenience sample of all California principals from February through May 2022. The 1,347 respondents represent 95% of California counties, 54% of California school districts, and 13% of California public schools. Although the convenience sample may represent principals with a stronger interest in mental health concerns and services, the findings are relevant for understanding principals' perspectives on students' mental health needs, as well as the landscape of mental health services provided in California schools.

Most schools conduct screenings and/or surveys to assess student mental health needs. Nearly two-thirds of principals (63%) reported that their schools use the California Healthy Kids Survey (CHKS) to collect school-wide data on students' risk and resilience factors, including mental health needs. One-third of survey respondents (31%) reported using a survey or screener developed by the school or district. Only 8% said they were not using screening tools or surveys.

Most schools implement programs to improve student mental health. Most respondents (93%) reported that their schools implemented a program to improve student mental health and wellness, and 78% reported that their school implemented more than one program. The most widely implemented programs were social emotional learning (SEL) curricula (71%), Positive Behavior Intervention and Supports (PBIS; 70%), and Restorative Justice (54%). Elementary and middle schools were more likely than high schools to implement an SEL or PBIS curriculum. Middle and high schools were more likely than elementary schools to implement mental health awareness curricula or programs and student-led mental health awareness groups or clubs.

Limited resources for mental health supports. Only one-quarter of survey respondents agreed that their schools provided adequate counseling and support services for students with mental health needs (26%), as well as students with unique mental health needs (e.g., recent immigrant/newcomer youth, LGBTQ+ youth, foster youth, homeless youth; 23%), indicating a strong need to expand services for all youth, and particularly those with unique needs. When asked how student and mental health needs had changed since the last school year, nearly all reported that students' mental health needs (95%) and demand for school-based mental health services (94%) had increased. Most reported that staff mental health needs had also increased (87%).

Principals reported barriers to access. Two factors were reported by more than half of principals as being serious or moderate

barriers to the delivery of school-based mental health services. These were lack of funding to hire mental health providers (72%) and lack of available mental health providers in the workforce (69%).

Schools use a variety of sources to fund mental health services. The largest sources principals reported using were local control funding formula (75%) and school/ district general funds (57%). Only 23% of respondents reported using Medi-Cal billing to support school-based mental health services. Given recent statewide investments in expanding Medi-Cal billing options, it will be interesting to see how this percentage changes over time.

School mental health staff generally include psychologists and community-based mental health providers. Most respondents (75%) reported that they had school psychologists providing mental health related services to students, and two-thirds (65%) reported that they had staff from community-based mental health agencies supporting students on their campuses. Only one-third (33%) reported having school social workers on staff. Among those who had school psychologists on staff, the average full time equivalent (FTE) was 0.83 per school. The average FTE of school social workers was 0.31 per school and community-based mental health providers was 0.63 FTE. Many principals noted that more mental health providers are needed to meet the demands for services. Additionally, 8% of respondents said they had no mental health support staff.

Principals shared a variety of strategies that the felt could improve student and staff mental health. Most suggestions focused on increased funding for services and increased access to mental health providers, particularly culturally and linguistically representative providers. Many principals also noted that increased mental health providers will alleviate some of the pressures on teachers and other school staff to meet the increasing mental health needs of students.

Research shows that a significant portion of youth nationally rely on the public school system to serve as their main provider of mental health services. Findings from this survey indicate that there is a clear need to overcome barriers and increase service availability to ensure that students have access to these much-needed services. Support for school staff is also needed. Project Cal-Well addresses these issues through the ongoing provision of Youth Mental Health First Aid trainings statewide, as well as other activities designed to raise awareness and identification of students' mental health needs and referrals to and utilization of school-based mental health services. The state of California is also making unprecedented investments in children's mental health. Future survey administrations will help to document the impacts of the changing landscape of mental health in schools on children's health and well-being over time.

Introduction

Through the California Department of Education (CDE), Project Cal-Well is implementing programs statewide and in partnership with county offices of education and school districts in Butte, Stanislaus, Sacramento, Humboldt, and Del Norte Counties. Project Cal-Well is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Now Is the Time" Project Advancing Wellness and Resilience in Education (NITT-AWARE) grant program. Project Cal-Well's overall mission is to increase awareness of and improve mental health and wellness of California's kindergarten through grade twelve (K–12) students. The CDE contracted with the University of California, San Francisco (UCSF) School Health Services Research Team to conduct a comprehensive evaluation of the Project Cal-Well initiative.

As part of the evaluation, UCSF and the CDE designed a statewide Principals Survey to assess principals' perceptions of availability of existing mental health services, barriers to service provision, and staff professional development needs related to student mental health in California schools. The survey was administered to a convenience sample of all California administrators from February through May 2022. Principals received an initial invitation from the State Superintendent of Public Instruction to complete the survey online and reminders from UCSF and CDE representatives. The following report provides a summary of the 2021-2022 survey findings.

Survey Methods and Sample

In the 2021-2022 school year, a link to the Principals Survey was successfully sent to 8,835 school administrators. Some principals may have forwarded the survey to other staff at their schools with more detailed knowledge of mental health service availability. Additionally, CDE staff forwarded the survey invitation and link to listservs of California administrators. As a result, 86% of the 1,347 respondents were principals, 3% were assistant principals, 4% were other administrative staff, 2% were mental health service providers, and 6% were other staff, such as teachers. For consistency, respondents are referred to as "principals" throughout the report.

Although a self-selected sample of respondents voluntarily completed the survey, the represented schools resembled California schools statewide. The 1,347 respondents represented 95% of California counties, 54% of California school districts, and 13% of California public schools.[i,ii] The study sample was similar to the population of schools statewide in that the majority were elementary schools (56% in the sample and 59% statewide). In the sample and statewide, 13% were middle schools or junior high schools, and 15% were "other" schools. The only statistically significant difference between the study sample and California schools statewide was that there were more high schools (by three percentage points) in the schools represented by survey respondents, as seen in Table 1.

Table 1. Schools by Type in Survey Sample and Statewide

School Type	% Of study sample (*N*=1,347)	% Of California schools[iii] (*N*=9,985)
Elementary	56%	59%
Middle or Junior High	13%	13%
High School	16%*	13%
Other (including K-12, community day, continuation, and alternative high schools)	15%	15%

* Difference between study sample and statewide percentages is statistically significant at $p < 0.001$.

Schools represented in the study sample also had similar school enrollment size by category compared to California schools statewide (Table 2).

Table 2. Total School Enrollment by Category

Total Enrollment (Range 1 - 3,688 students)	% Of study sample (*N*=1,347)	% Of California schools[iv] (*N*=10,545)
400 students or less	41%	42%
401 – 700 students	35%	36%
Over 700 students	22%	24%

Note: Percentages in each column do not sum to 100% due to rounding.

Schools represented in the study sample had similar average percentages of students who were eligible for free and reduced priced meals and students who were English language learners, although these differences were statistically significant due to the very large sample size. The largest differences between the schools in the study sample and all California schools was that schools in the sample had a higher percentage of students eligible for free or reduced priced meals (17% versus 12% in all California schools) and a lower percentage of English language learners (18% versus 21%, Table 3).

Table 3. Select School Demographics

School Demographics	% Of study sample[v] (*N*=1,347)	% Of California schools[vi] (*N*=10,545)
Average % Students Eligible for Free/Reduced Priced Meals	17%**	12%
Average % English Language Learners	18%**	21%
% Charter Schools	53%*	55%

* Difference between study sample and statewide percentages is statistically significant at $p < 0.01$.

** Difference between study sample and statewide percentages is statistically significant at $p < 0.001$.

It is important to note that although every public school principal in California was invited to participate, the survey respondents are self-selected, that is, they are the principals who chose to participate, possibly because they have a stronger interest in mental health concerns and services than those who did not respond. Yet, the findings are relevant for understanding principals' perspectives on students' mental health needs, as well as the landscape of mental health service provision in California schools.

Study Findings

School-Wide Data and Programs

When asked about the types of surveys and screening tools they used to identify students' mental health needs, most principals (63%) reported using the California Healthy Kids Survey (CHKS). The next most commonly used tool was not a published tool, but rather surveys created by schools or districts, often administered via Google Forms, which was reported by 31% of principals (Table 4).[vii]

Table 4. Screening Tools and/or Surveys Used in 2021-2022

Are you using any of the following screeners or surveys to identify students' mental health needs? (Check all that apply)	% Reported Using This Tool (*N*=1,347)	By school level		
		Elementary (*N*=755)	Middle/ Junior High (*N*=175)	High (*N*=221)
California Healthy Kids Survey	63%	59%	70%	74%
Co-Vitality	1%	1%	2%	4%
Social, Academic, Emotional Behavior Risk Screening (SAEBRS)	5%	5%	7%	4%
Strengths and Difficulties Questionnaire (SDQ)	1%	1%	2%	1%
Student Risk Screening Scale (SRSS)	5%	5%	4%	6%
District/school-developed survey/screener	31%	29%	34%	37%
Other	21%	21%	20%	25%
Do not know or no answer	9%	9%	7%	9%
None, we are not using any screeners or surveys	8%	11%	5%	2%

Most respondents (93%) reported that their schools implemented a program to improve student mental health and wellness, and 78% reported that their school implemented more than one program (6% did not answer the question or said they did not know). As seen in Table 5, the most implemented programs were social emotional learning (SEL) curricula (71%), Positive Behavior Intervention and Supports (PBIS; 70%), and Restorative Justice (54%).

Elementary and middle schools were more likely than high schools to implement an SEL or PBIS curriculum. Middle and high schools were more likely than elementary schools to implement mental health awareness curricula or programs and student-led mental health awareness groups or clubs.

Table 5. Curricula/Programs to Improve Student Mental Health and Wellness

Does your school implement any of the following curricula/ programs to improve student mental health and wellness? (Check all that apply)	% Reported implementing curriculum/ program (*N*=1,347)	By school level		
		Elementary (*N*=755)	Middle/ Junior High (*N*=175)	High (*N*=221)
Social emotional learning (SEL) curriculum (e.g., Second Step, Harmony SEL, etc.)	71%	81%	70%	51%
Positive Behavioral Interventions and Supports (PBIS)	70%	76%	74%	56%
Restorative practices	59%	57%	67%	63%
Bullying/harassment/violence prevention programs	37%	38%	48%	38%
Mental health awareness curricula/programs	36%	25%	45%	56%
Suicide prevention programs	24%	14%	38%	43%
Student-led mental health awareness groups/clubs (e.g., NAMI on Campus, SAVE Promise, Gay Straight Alliance, Bring Change to Mind, etc.)	20%	5%	35%	59%
Other, please specify:	9%	8%	9%	9%
Do not know	6%	6%	4%	6%
Any program	*93%*	*94%*	*95%*	*93%*
Multiple programs	*78%*	*86%*	*90%*	*86%*

Mental Health Support Staffing

Across all types of schools, psychologists were the most common type of mental health support staff employed by schools (89%), followed by guidance counselors (excluding social workers and psychologists) (75%). Just under two thirds of schools (65%) had mental health service providers employed by community-based agencies, and 61% had credentialed school nurses. Just under half of schools had behavioral staff (48%) or student interns (49%). Eight percent of principals reported that their schools had no mental health support staff (Table 6a).

Table 6a. Types of Mental Health Support Staff

Please tell us whether you have staff in the following categories that provide services <u>to support students' mental health needs</u> (on campus or virtually) during the 2021–22 school year.	% Reporting any of this type of staff (*N*=1,117-1,245)	By school level		
		Elementary (*N*=629-692)	Middle/ Junior High (*N*=143-162)	High (*N*=192-209)
School/guidance counselors, excluding social workers and psychologists	75%	62%	94%	98%

Please tell us whether you have staff in the following categories that provide services to support students' mental health needs (on campus or virtually) during the 2021–22 school year.	% Reporting any of this type of staff (*N*=1,117-1,245)	By school level		
		Elementary (*N*=629-692)	Middle/ Junior High (*N*=143-162)	High (*N*=192-209)
Credentialed school nurses	61%	60%	59%	70%
School social workers	33%	27%	33%	46%
School psychologists	89%	91%	87%	90%
Mental health service providers employed by community-based agencies	65%	58%	71%	80%
Behavioral interventionist, assistant, or analyst	48%	51%	48%	53%
Graduate or undergraduate school interns in the mental health or related fields	49%	45%	61%	60%
No mental health support staff	*8%*	*8%*	*7%*	*5%*

Note: Group sizes (*N*s) vary because principals who did not answer or marked "Don't know" are excluded from the calculation of percentages.

Across all types of schools, the total full-time equivalent (FTE) was highest for school/guidance counselors (average of 1.43 FTE per school) and school psychologists (0.83 FTE; Table 6b). High school principals reported higher average staff FTE for these positions compared to elementary and middle schools. While guidance counselors and school psychologists are more common at schools, these positions generally have other duties beyond providing MH supports to students. High schools also had far greater FTE of mental health service providers employed by community-based agencies (1.21 for high schools, versus 0.40 for elementary schools and 0.84 for middle schools).

Table 6b. Full-Time Equivalent of Mental Health Support Staff

Average total full-time equivalent (FTE) of staff in the following categories that worked at the school during the 2020–21 school year.	All schools (*N*=1,113-1,227)	By school level		
		Elementary (*N*=628-688)	Middle/ Junior High (*N*=143-159)	High (*N*=176-204)
School/guidance counselors, excluding social workers and psychologists	1.43	0.62	1.70	3.93
Credentialed school nurses	0.50	0.42	0.44	0.87
School social workers	0.31	0.21	0.29	0.56
School psychologists	0.83	0.70	0.82	1.25
Mental health service providers employed by community-based agencies	0.63	0.40	0.84	1.21

Average total full-time equivalent (FTE) of staff in the following categories that worked at the school during the 2020–21 school year.	All schools (*N*=1,113-1,227)	By school level		
		Elementary (*N*=628-688)	Middle/ Junior High (*N*=143-159)	High (*N*=176-204)
Behavioral interventionist, assistant, or analyst	0.49	0.48	0.55	0.69
Graduate or undergraduate school interns in the mental health or related fields	0.57	0.37	0.88	0.97

Note: Group sizes (*N*s) vary because principals who did not answer or marked "Don't know" are excluded from the calculation of percentages. Outlier observations reporting an FTE greater than 20 for any staff type (*N*=2-18) were also removed from this analysis. "All schools" data includes "other" school types, but data on these schools are not reported in the school level analyses.

Resources for Mental Health Supports

Only one-quarter of survey respondents agreed or strongly agreed that their schools provided adequate counseling and support services for students with mental health needs (26%), as well as students with unique mental health needs (e.g., recent immigrant/newcomer youth, LGBTQ+ youth, foster youth, homeless youth; 23%), as seen in Table 7, indicating a strong need to expand resources.

Table 7. Mental Health Support Services for Students with Mental Health Needs

How much do you agree with the following statements?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Our school has adequate counseling and support services for students with mental health needs (*N*=1,132)	27%	38%	8%	21%	5%
Our school has adequate counseling and support services to help students with unique mental health needs (e.g., recent immigrant/ newcomer youth, LGBTQ+ youth, foster youth, homeless youth) (*N*=1,129)	29%	37%	11%	19%	4%

As seen in Table 8, schools use a variety of sources to fund mental health services, with the largest reported sources being local control funding formula (75%) and school/ district general funds (57%). Only 23% of survey respondents reported using Medi-Cal billing to support school-

based mental health services. Given recent statewide investments in expanding Medi-Cal billing opportunities, it will be interesting to see if this percentage increases over time.

Table 8. Funding Sources for Mental Health Services

Which of the following funding sources do you use to provide mental health services at your school? (Check all that apply)	% Reported (*N*= 1,099)
Local control funding formula (LCFF)	75%
School/district general funds	57%
Elementary and Secondary School Emergency Relief Fund	35%
Educationally Related Mental Health Services (ERMHS)	25%
AB-86 COVID-19 and school reopening funds	24%
Medi-Cal Billing (e.g., LEA Medi-Cal Billing Option Program; partnership with county office of education or county behavioral health)	23%
Every Student Succeeds Act (ESSA) Title I, II, or IV etc.	23%
Community/university partnerships	14%
Learning Loss Mitigation Funding (LLMF)	13%
Private foundation grants	7%
Governor's Emergency Education Relief Fund (GEER I Fund)	4%
Other, please specify:	8%

Note: 248 survey respondents did not check any sources of funding.

Student Receipt of Mental Health Services

When asked how many students received mental health services provided by school staff or community-based providers, only 59% of principals responded. Among those who responded, the average percentage of enrolled students reported to receive mental health services was 14%.

A small portion of respondents (13%) reported that school-based mental health providers delivered mental health services via telehealth, 61% said they did not, and 26% did not know or did not respond to the question.

Barriers to Mental Health Service Provision

Two factors were reported by more than half of principals as being serious or moderate barriers to the delivery of school-based mental health services, as seen in Table 9. These were lack of funding to hire mental health providers (72%) and lack of available mental health providers in the workforce (69%).

Table 9. Barriers to Mental Health Service Provision

To what extent are the following factors barriers to the delivery of mental health services at your school?	% Reported "Not a Barrier" or "Minor"	% Reported "Moderate"	% Reported "Serious"
Lack of funding to hire mental health providers (*N*=1,112)	28%	27%	45%

To what extent are the following factors barriers to the delivery of mental health services at your school?	% Reported "Not a Barrier" or "Minor"	% Reported "Moderate"	% Reported "Serious"
Lack of available mental health providers in the workforce (*N*=1,109)	32%	32%	37%
Competing priorities for LEA decisionmakers (e.g., school board members, district administration; *N*=1,100)	53%	29%	18%
Stigma associated with accessing mental health services (*N*=1,105)	69%	24%	7%
Parental cooperation and consent (*N*=1,114)	65%	27%	8%

When asked how student and staff mental health needs had changed since the last school year, most principals reported that all the listed needs had increased, with nearly all reporting that students' mental health needs and demand for school-based mental health services had increased in the last year, as seen in Table 10.

Table 10. Changes in Student and Staff Mental Health Needs Since Last Year

Overall, how have the following changed since last school year…	Decreased	Stayed the same	Increased
Students' mental health needs (*N*=1,120)	1%	4%	95%
The demand for school-based mental health services for students (*N*=1,127)	1%	5%	94%
School-based mental health services and supports at our school to address students' mental health needs (*N*=1,128)	3%	22%	75%
Student mental health is seen as a priority by school and district staff (*N*=1,129)	1%	14%	85%
Staff mental health needs (*N*=1,124)	1%	12%	87%

Successful Strategies and Supports to Deliver SBMH Services for Students

When asked what strategies and supports helped them to effectively deliver school-based mental health services to students in their schools, 63% of respondents (*N*=849) shared their thoughts. Common strategies included having mental health staff on-site, expanding the number of providers on site, strengthening community and school partnerships, offering school-wide supports, parent supports, and site service coordination or intervention teams, as demonstrated by the following quotes:

- Working with district level offices to support our students and families, continued check ins with students, being consistent with our current interventions and working with service providers to support student needs.
- We have dedicated time in the schedule for restorative approaches, have 1.5 counselors on staff and a Director of School Culture. We focus on restorative approaches and provide parent workshops. We provided surveys to gauge mental health concerns.

- We build mental health lessons into our everyday instruction and include mental health lessons in our school-wide morning announcements each day.
- Streamlining the referral process so that students and staff are more aware of how and where to request services. Additional staff to support with the high demand and needs we have right now.

Suggestions to Better Support Students

Over two thirds (69%, *N*=923) of the survey respondents responded in their own words to a question about what their schools need to better support students' mental health. The themes that emerged were overwhelmingly related to staffing and resources, for example:

- Additional staff that can assist in servicing needs and working with school staff to create a system of supports that can accommodate all the students in need.
- Additional personnel and space to house them.
- Wrap-around services for families in crisis that continue beyond the school year.
- We need a full-time school counselor. We need funding… Our children should not have to wait three days to see a school counselor. All children regardless of zip code need support… Change must happen for our children.
- Funding to provide for school counselors at every school site; funding and professional development to be trauma informed; access to community-based programs so referrals can be made without jumping through all sorts of hoops related to parent/guardian insurance.

Staff Wellness

Principals were also asked what mental health training and/or support they offer their staff. As seen in Table 11, half reported offering mindfulness trainings and Employee Assistance Programs, and one-third offered adult social emotional learning supports.

Table 11. Mental Health Training and Support for School Staff

What mental health training and/or support do you offer for staff? *(Check all that apply)*	**% Reported (*N*= 1,099)**
Mindfulness trainings	53%
Employee Assistance Program	53%
Adult SEL supports	31%
Trauma Informed Skills for Educators (TISE)	14%
Youth Mental Health First Aid (YMHFA)	10%
Support for Teachers Affected by Trauma (STAT)	2%
Classroom WISE (Well-Being Information & Strategies for Educators)	2%
Other	13%
None	15%

Suggestions to Better Support Staff Wellness

Many principals (*N=749*) responded in their own words to a question about what their schools need to better support staff wellness. The themes that emerged were mainly related to more training opportunities, more funding to support staff self-care, reduced expectations and workloads, and more staff to share the workloads.

Next Steps

Research shows that a significant portion of youth nationally rely on the public school system to serve as their main provider of mental health services.[viii,ix] There is a clear need to overcome these barriers and increase service availability to ensure that students have access to these much-needed services.

The findings demonstrate that there is a need to increase available services for students, as well as supports for school staff. Project Cal-Well addresses these issues through the ongoing provision of Youth Mental Health First Aid trainings statewide, as well as other activities designed to raise awareness and identification of students' mental health needs and referrals to and utilization of school-based mental health services.

Endnotes

[i] There were 2,135 clicks on the survey link, resulting in 1,622 surveys with at least one question answered. Of these, 155 surveys were dropped because they were duplicates (i.e., the same person completed the survey more than once, or multiple staff from the same school responded, in which case only the principal's or assistant principal's response was retained), private schools, or district or county offices. An additional 120 surveys were dropped because they included insufficient information to link them to CalPADS data or to determine whether they represented duplicate schools, private schools, or county/district offices.

[ii] The survey link was originally sent to 9,245 California public school principals, however, 410 of these surveys were undeliverable due to incorrect email addresses. Schools designated by the CDE as preschools, special education, juvenile court, opportunity, state special, and youth authority schools were excluded from the sample.

[iii] School type was unavailable for 564 schools in the California statewide population.

[iv] Total enrollment was unavailable for four schools in the California statewide population.

[v] The number of students eligible for free/reduced-priced meals and number of English language learners was unavailable for four schools in the survey sample.

[vi] School type was unavailable for 564 schools in the California statewide population.

[vii] While we recognize that screening tools and surveys serve different purposes, we asked about them together in an effort to keep the required survey response time brief.

[viii] Hoagwood K, Johnson J. School psychology: A public health framework: I. From evidence-based practices to evidence-based policies. Journal of School Psychology. 2003;41(1):3-21.

[ix] Merikangas KR, He JP, Burstein M, et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry. 2010;49(10):980-989.