



Three Component Model to Support Students' Mental Health: A Guide for California Schools

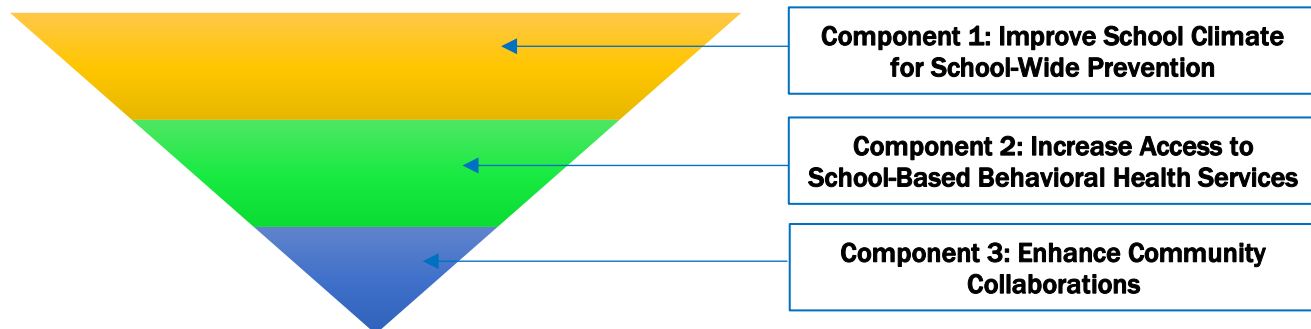


Mental health can directly affect a youth's ability to learn and succeed in school and beyond. Mental health conditions, such as depression, anxiety, and attention disorders, have been linked to negative academic outcomes, including reduced academic achievement, lower attendance, increased suspensions, and school dropout.^{1,2} Early intervention and treatment can significantly improve youth's developmental trajectories,³ yet most youth with mental health needs do not receive necessary care that is adequate, timely and appropriate.⁴ Schools are increasingly being called upon to address these needs⁵ and, for many children who receive care, the public school system is their sole service provider.⁶ Schools are also tasked with creating safe and nurturing climates, which can mitigate behavioral health problems.⁷

Project Cal-Well is a five-year initiative intended to increase awareness of and improve mental health and wellness of California's kindergarten through grade 12 students.⁸ Under the leadership of the California Department of Education (CDE), Project Cal-Well implements programs statewide and in partnership with ABC Unified School District (ABCUSD), Garden Grove Unified School District (GGUSD), and San Diego County Office of Education (SDCOE) using a three component model that focuses on student, school and community needs and assets (Figure 1). This guide describes the three component model and provides schools and districts with resources and tips to support youth's mental health.



Figure 1: Project Cal-Well Three Component Model⁹



¹ Breslau J, Lane M, Sampson N, Kessler RC. Mental disorders and subsequent educational attainment in a US national sample. *J Psychiatr Res.* 2008;42:708–716.

² The Now Is The Time Technical Assistance (NITT-TA) Center. (2016). Mental health and academic achievement (Issue Brief). Retrieved on 10/6/18 from: <http://files.ctctcdn.com/bde05f96001/111de547-1b78-4cc4-82ec-cba76b775309.pdf?ver=1464125957000>.

³ Baskin, T. W., Slaten, C. D., Sorenson, C., Glover-Russell, J., & Merson, D. N. (2010). Does youth psychotherapy improve academically related outcomes? A meta-analysis. *Journal of Counseling Psychology*, 57, 290–296. doi:10.1037/a0019652

⁴ Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., . . . Olsson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*, 50(1), 32-45. doi:10.1016/j.jaac.2010.10.006

⁵ See the *Behavioral Health Needs Brief and California Principal Mental Health Survey* results at <https://healthpolicy.ucsf.edu/school-health-services-evaluation#currentprojects>.

⁶ Merikangas, K. R., He, J. P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*, 125(1), 75-81. doi:10.1542/peds.2008-2598.

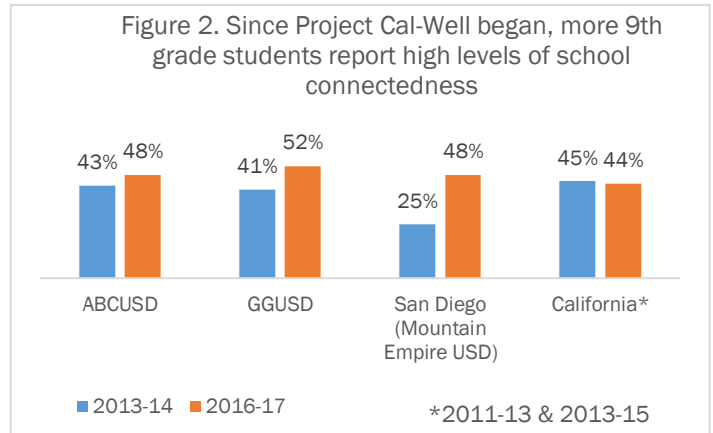
⁷ Aldridge JM, McChesney K. (2018). The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *International Journal of Education Research* (88): 121-145.

⁸ Project Cal-Well is funded through a NITT-AWARE grant from the Substance Abuse and Mental Health Administration. Additional information is available from: <https://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>

⁹ Adapted from Positive Behavioral Interventions and Supports: <https://www.pbis.org/school/tier-3-supports/what-is-tier-3-pbis>

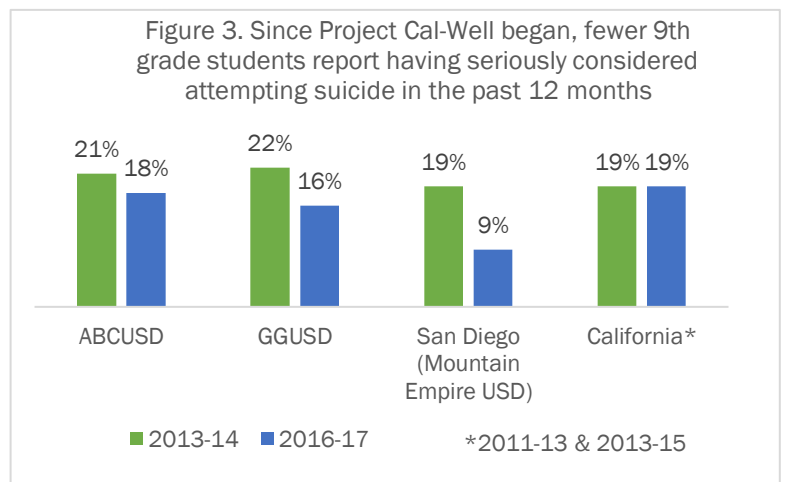
Component 1: Improve School Climate for School-Wide Prevention

Component 1 interventions prevent and reduce the development of student mental health needs by creating positive school climates that promote healthy social-emotional development and well-being for ALL students. School climate is related to students' experiences of school life. Improved climate is associated with increased school connectedness, which has been linked to improved health and education outcomes.¹⁰ Project Cal-Well schools implemented a variety of evidence-based interventions to improve school climates, as described below. As a result, students in these schools reported increased school connectedness over time (Figure 2).



- **Positive Behavioral Interventions and Supports (PBIS)** provides the overall structure to improve student social-emotional development and well-being by creating predictable systems for supporting student behavior. Project Cal-Well schools found that having coaches trained in PBIS kept schools accountable to adhering to full implementation. Resource: <https://www.pbis.org>
- **Trauma Informed Practices Care (TIC)** is the lens used by adults in the school to understand and respond to signs of trauma within the student population. It emphasizes that the school culture should be safe, calm and secure for all students. Resource: <https://traumaawareschools.org/traumainschools>
- **Restorative Practices in Schools** is an approach that can be integrated into classrooms and curricula to prevent conflict from occurring and to allow students to take responsibility and action for their behaviors when conflict does occur. Resource: <http://schottfoundation.org/restorative-practices>
- **Youth Mental Health First Aid (YMHFA)** is a day-long training that teaches risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Resource: <https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>
- **National Alliance on Mental Illness (NAMI) on Campus High School (NCHS)** trainings are designed to help schools and students launch student-led clubs that raise mental health awareness and reduce stigma through peer led activities and education. Resource: <https://namica.org/nami-on-campus/high-school-clubs>
- **Suicide Prevention Policies:** Assembly Bill 2246 (2016) requires school districts serving 7th-12th grades to adopt policies to address suicide prevention, intervention, and post-vention. The CDE provided technical assistance to support implementation, and developed a model policy which can be found here: <https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>. Suicide ideation has declined in Project Cal-Well schools since the program began (Figure 3).

“Positive Behavioral Interventions and Supports is the structure, Trauma-Informed Practices is the lens, and Restorative Practices is the approach to most effectively meet the needs of our students.” Mara Madrigal-Weiss, San Diego County Office of Education



¹⁰ Blum, Robert Wm, et al. "School connectedness—strengthening health and education outcomes for teenagers." *Journal of School Health* 74.7 (2004): 231-235.

Component 2: Increase Access to School-Based Behavioral Health Services

Component 2 provides school-based targeted services to students who do not respond to primary schoolwide intervention practices. School-based health services, including individual and group counseling, are an effective strategy to support students. Schools are typically the primary place where students interact, and students with mental health needs are more likely to receive services when they are offered in school than in the community.¹¹ Project Cal-Well schools successfully increased access to school-based behavioral health services, using the strategies described below.

Project Cal-Well schools increased the number of students receiving school-based behavioral health services by nearly 90%, from 2,664 in 2013-14 to 4,978 in 2016-17.

Project Cal-Well schools hired a variety of mental health professionals to support school-based behavioral health services. Similar strategies that other districts and schools can implement include employing full or part-time mental health staff credentialed in necessary specializations, or contracting for services through community-based mental health organizations, county mental health agencies, and/or individual mental health services providers. These individuals can be supervised by an individual with a Pupil Personnel Services (PPS) credential. Schools and districts should tailor these decisions based on the needs and resources available.



ABCUSD placed masters-level School Social Workers and mental health professionals at all 29 school sites for five days per week. Local Control Funding Formula and supplemental grant sources were used to hire district employees and contract with community mental health agencies. Masters of Social Work (MSW)/Pupil Personnel Services Credential Interns and Primary Intervention Program aides provided socio-emotional learning and counseling.



GGUSD partnered with Rossier Education and Mental Health, Boys & Girls Club of Garden Grove, Behavioral Health Works, Mariposa Women's and Family Counseling, and Western Youth Services to provide school-based behavioral health services.



SDCOE partnered with several universities and placed MSW interns in most of the Cal-Well schools to provide school-based behavioral health services.

Project Cal-Well schools also improved school referral systems by increasing awareness of mental health needs and training staff on how to refer students to needed services. As described below, Project Cal-Well schools implemented new systems and trained teachers and schools staff to improve the referral processes.



ABCUSD's concurrent implementation of PBIS and School-Wide Information System (SWIS) streamlined student identification and referrals. Data on behavioral indicators, such as academics, attendance, and discipline, as well as classroom observations, were used to identify students in need of support.



GGUSD trained teachers and school staff to identify youth in need of services and refer them to school-based providers.



SDCOE also trained schools in the implementation of the SWIS. This web-based data and reporting system allows schools to screen and monitor student behavior and identify situations that may require intervention.

¹¹ Hoagwood, K., & Johnson, J. (2003). School psychology: A public health framework: I. From evidence-based practices to evidence-based policies. *Journal of School Psychology, 41*(1), 3-21. Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., . . . Olfson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry, 50*(1), 32-45. doi:10.1016/j.jaac.2010.10.006. Ringeisen, H., Henderson, K., & Hoagwood, K. (2003). Context Matters: Schools and the "Research to Practice Gap" in Children's Mental Health. *School Psychology Review, 32*(2), 153-168.

Component 3: Enhance Community Collaborations to Serve Students in Need

Component 3 focuses on providing intensive mental health interventions to students with mental health needs through strong community collaborations. Schools work closely with community-based behavioral health organizations to develop referral pathways to ensure students receive needed interventions.

CDE and the Project Cal-Well schools engaged in a variety of efforts to build partnerships and cross-system collaborations to promote youth well-being and access to community-based services. They worked to enhance information-sharing across child-serving agencies by building on existing collaborations and working to clarify roles. As a result, the number of students receiving community-based mental health services increased in most of the Project Cal-Well schools.

Across Project Cal-Well schools, the percentage of mental health service referrals for school-aged youth that resulted in services being provided in the community increased from 80% in 2014-15 to 87% in 2016-17.



ABCUSD's Community Resource Team includes more than 20 community agencies, individuals, and organizations. Programs include culturally responsive services, medical clinics, substance use treatment, and youth shelters. Students needing intensive mental health support are directly referred and can receive individual and family therapy in their school, home, and community.



GGUSD partners with OC-LINKS, 211, Seneca Resource Center, Magnolia Resource Center, and the Buena Clinton Family Resource Center to improve referrals and follow-up tracking of students in need of more intensive services.



SDCOE's Global Oversight Analysis Linking Systems (G.O.A.L.S) Memorandum of Understanding has been signed by 27 community-based organizations and agency partners for strategic information sharing across mental health, law enforcement, juvenile justice, child welfare, and other providers trying to assist students and their families. For more information: <https://www.sdcoe.net/student-services/student-support/Pages/Cross-System-Collaboration-and-Information-Sharing.aspx>

Additional Resources

The following resources provide more information on supporting students' mental health in school-based settings:

- SAMHSA's *Referral Pathways Toolkit* provides guidance, practical tools, and strategies to improve coordination and collaboration both within schools and between schools and other youth-serving agencies: <https://knowledge.samhsa.gov/resources/school-mental-health-referral-pathways-toolkit>
- CDE's *A Guide to Increase Mental Health Services for Students* provides strategies on how to improve the provision of school-based services: <https://www.cde.ca.gov/ls/cg/mh/documents/mentalhealthguide.docx>



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