Strategic Recommendations:
Creating Capacity for Mental Health Services for SCUSD Students

March 30th 2009
Sacramento City Unified School District

Board of Education

Roy Grimes, MPA, MBA, President, Trustee Area 6
Ellyne Bell, MA, LMSW, First Vice President, Trustee Area 1
Patrick Kennedy, Second Vice President, Trustee Area 7
Jerry Houseman, Ed.D, Trustee Area 2
  Donald Terry, Trustee Area 3
  Gustave Arroyo, Trustee Area 4
  Diana Rodriguez Trustee Area 5
  Julian Lopez, Student Member

Administration

Susan Miller, Interim Superintendent
Philip Moore, Associate Superintendent
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>4</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>7</td>
</tr>
<tr>
<td><strong>Diagram 1. Data Sources for ISS Strategic Recommendations on Mental Health Services</strong></td>
<td>8</td>
</tr>
<tr>
<td>DETAILED DESCRIPTION OF RECOMMENDATIONS</td>
<td>9</td>
</tr>
<tr>
<td><strong>Priority One</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Priority Two</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Priority Three</strong></td>
<td>12</td>
</tr>
<tr>
<td>NEXT STEPS</td>
<td>14</td>
</tr>
<tr>
<td>APPENDIX A – LIST OF FOCUS GROUPS CONDUCTED</td>
<td>15</td>
</tr>
<tr>
<td>APPENDIX B – FOCUS GROUPS EXECUTIVE SUMMARY FROM LPC CONSULTING</td>
<td>16</td>
</tr>
<tr>
<td>APPENDIX C – INTERVENTIONS SUPPORT TRIANGLE</td>
<td>19</td>
</tr>
<tr>
<td>APPENDIX D – MHAC PRIORITIES, GOALS AND STRATEGIES</td>
<td>20</td>
</tr>
<tr>
<td>APPENDIX E – LIST OF MHAC PARTICIPANTS</td>
<td>22</td>
</tr>
</tbody>
</table>
Executive Summary

In November 2007, The California Endowment awarded $223K to SCUSD’s Integrated Support Services department (ISS) to assist in the development of a fully integrated, district-wide approach to serving the mental health needs of SCUSD students.

Through the creation of a Mental Health Advisory Council (MHAC), the collection of data from 12 focus groups, conversations with seven school districts and participation in numerous school and community mental health meetings, ISS has developed these recommendations for strengthening system integration and increasing student access to mental health services.

Fourteen strategies for achieving these goals were developed under three major priorities as summarized below:

**Priority One**

*Focus on prevention-oriented activities that foster a healthy and safe school climate, and a strong culture of respect and inclusiveness for all students.*

1. Develop clearly articulated policies and evidence-based programs to reduce bullying and name calling among students.
2. Develop training for school staff and site leadership on creating a culture of respect and inclusiveness.
3. Develop strategies for implementation of universal interventions at all school sites.
4. Provide consultation group for site administrators to facilitate the development of social/emotional supports.

**Priority Two**

*Increase understanding of social/emotional health issues and awareness of services through education and training of families and school staff.*

1. Provide education to students and parents to increase their awareness of mental health issues.
2. Develop resources to expand district-wide training for school staff on a variety of topics related to the social and emotional health of students.
3. Develop training for school staff on communication and relationship-building with students.
4. Utilize low-cost, multi-language communication strategies to make parents aware of services available (i.e., email, ConnectEd, newsletters, resource fairs).
Priority Three
Develop strategies to assist students and parents in accessing mental health services.

1. Create a centralized, district-wide information and resource center to assist parents, students and school staff in accessing mental health, substance abuse and other social and emotional support services.

2. Work with County Mental Health and community agencies to increase system capacity to provide more timely services to SCUSD students.

3. Work with county and community agencies to increase cultural and language proficiency of mental health services for underserved populations including African-American, Latino, Hmong, Mien, Russian and LGBT (Lesbian, Gay, Bi-Sexual and Transgender).

4. Identify confidential counseling space and key contact person at every school site to facilitate increased access to students by SCUSD and community mental health professionals.

5. Partner with community health enrollment organizations to increase parents’ awareness of and enrollment in low-cost health insurance plans.

6. Develop funding to provide mental health services and evidence-based programs to low and middle-income students that do not qualify for no/low-cost health insurance.
Introduction

In January 2003, the SCUSD Integrated Support Services Department (ISS) was the proud recipient of a $9 million federal Safe Schools/Healthy Students grant to implement an enhanced, coordinated, comprehensive plan of activities, programs, and services to promote healthy child development and prevention of violence and drug abuse. Through this grant—locally named The Village Project—ISS developed a wide array of social and emotional support services for students in cooperation with other district departments and community partners.

During the final year of The Village Project, ISS applied to The California Endowment (TCE) for funding to sustain and expand the mental health components that were developed during the four years of the grant. As part of the sustainability strategy, TCE requested that ISS conduct a comprehensive and inclusive planning process to assess the mental health needs of SCUSD students, as well as to develop recommendations for a fully integrated, district-wide approach to providing mental health services for SCUSD students.

In November 2007, The California Endowment awarded $223K to ISS for capacity building activities to achieve the following goals:

1. **ACCESS** - Improve access to mental health services for SCUSD students.
2. **INTEGRATION** - Improve integration of health and mental health services within the school district.
3. **KNOWLEDGE** - Increase knowledge of school board members and administrators on the physical and mental health needs of students.
4. **FUNDING** - Increase funding for mental health services.
5. **ACHIEVEMENT** - Improve student academic achievement.

These goals are consistent with the Response to Interventions (RTI) approach embraced by both the district and state to eliminate achievement gaps through a well-integrated system of instruction and interventions that provides assistance to every student.¹

¹ California Department of Education memo, Jack O’Connell, State Superintendent of Public Instruction, November 14, 2008.
Methodology

The methodology for this report involved gathering and synthesizing information from as many sources as possible. To achieve this goal, ISS contracted with LPC Consulting Associates—a leading health services consulting firm in Sacramento—to help design a process for gathering feedback from 12 key target populations including: parents (African-American, Latino, Hmong and English-speaking), students (middle and high school), school staff, principals, district administrators, community providers and others. As a result, 12 focus groups were conducted from April through September 2008 to gather information about student mental health needs from a variety of perspectives. In October 2008, LPC provided analysis and evaluation of focus group results in a 36-page report entitled “Creating the Capacity for the Integration of Mental Health Services: Focus Group Findings”.

In addition to data gathered through the focus groups, ISS established in April 2008 a district-wide Mental Health Advisory Council (MHAC) to develop priorities, goals and strategies for increasing student access to mental health services and improving system integration. Consisting of school staff, administrators, youth, parents, community partners, county mental health administrators and others, the MHAC completed a summary of recommended strategies in October 2008 entitled “Mental Health Advisory Council Priorities, Goals and Strategies” (appendix D). The MHAC will continue meeting monthly throughout the year to advise ISS staff on strategic priorities and directions in the area of mental health services.

Other data for this report was gleaned from ISS staff participation in a wide range of district and community meetings related to student health and social/emotional support. These meetings included:

- DALSS (District Aligned Learning Support Services)
- Alternative Education Taskforce
- CHSSS Leadership Team
- Mental Health Board Children’s Stakeholder Committee
- Mental Health Services Act planning meetings
- Sacramento County Family Support Collaborative
- Youth Alcohol/Other Drug Comprehensive System of Care Planning Group
- LGBT (Lesbian, Gay, Bi-Sexual and Transgender) Mental Health Collaborative

Finally, valuable information was obtained through meetings and conversations from 2007-08 with administrators that oversee student health and support services at the following California school districts:

- Berkeley Unified School District
- Elk Grove Unified School District
- Oakland Unified School District
- Ontario-Montclair Unified School District
- San Diego Unified School District
- San Francisco Unified School District
- San Juan Unified School District
Using these data sources, strategic recommendations for a fully integrated, district-wide approach to providing mental health services for SCUSD students are summarized in the pages that follow. Feedback on these recommendations will be solicited in January and February 2009 from a wide range of stakeholders, with a final set of recommendations to be issued in March 2009.

Diagram 1. Data Sources for ISS Strategic Recommendations on Mental Health Services
Detailed Description of Recommendations

Priority One
Focus on prevention-oriented activities that foster a healthy and safe school climate, and a strong culture of respect and inclusiveness for all students.

1. Develop clearly articulated policies and programs to reduce bullying and name calling among students – Children who are bullied at school are at risk for a wide range of mental health problems, such as anxiety, depression, substance abuse and suicide. Lesbian, gay, bi-sexual and transgender youth who are bullied face an even greater risk. In 2005, nearly one-third of students reported being bullied at school during a six-month period, according to the Department of Education.\(^2\)

Taking steps to develop clear policies and programs to support schools in reducing bullying will have a direct and positive effect on student mental health at SCUSD schools.

2. Develop training for school staff and site leadership on creating a culture of respect and inclusiveness – Numerous participants in the MHAC and focus groups cited the creation of a positive and school culture as one of the most important aspects of a child’s educational experience. Yet, it was not always easy to articulate how to achieve this. The MHAC detailed a wide range of strategies for creating a culture of respect and inclusiveness at school. Providing support to school staff and leadership in achieving this was widely viewed as a priority.

3. Develop strategies for implementation of universal interventions at all school sites – From 2006-2008, a broad working group of SCUSD administrators and staff came together to form the DALSS (District Aligned Learning Support Services) team and developed an interventions support framework for the district (see appendix C) as a way to support RTI. The framework highlighted the importance of providing interventions at three tiers—universal, strategic and intensive—though it was widely agreed that providing quality interventions at the universal level would reduce the need for higher level interventions. This sentiment was echoed strongly in many of the focus groups and at the MHAC. Although many universal interventions are available at SCUSD schools, there is great variation in the level at which these are implemented effectively. As a result, there is a need for support district-wide to assist school sites in developing and implementing universal interventions.

\(^2\) Mental Health America, October 17\(^{th}\) 2007.
4. **Provide consultation group for site administrators to facilitate the development of social/emotional supports** – During the focus group with principals, many participants expressed interest in providing more social/emotional support services to students but lacked the resources and/or knowledge to do this effectively. Several participants with expertise in this arena shared information with the group on strategies that have been helpful for them in developing these services at their sites. In addition, ISS administrators offered valuable information to participants about best practices that have been developed at other district schools. At the end of the group, there was general consensus that offering a periodic forum/consultation group for site administrators to discuss implementation of social/emotional support services would be very helpful to them.
**Priority Two**

Increase understanding of social/emotional health issues and awareness of services through education and training of families, students and school staff.

1. **Provide education to students and parents to increase their awareness of mental health issues** – Educating students and parents on mental health issues was viewed as an important priority not only by the MHAC, but by the students and parents themselves. While teachers play a vital role in early identification of student mental health needs, many students and parents would self-identify their need for support if information on mental health was presented in a sensitive and stigma-free manner.

2. **Develop resources to expand district-wide training for school staff on a variety of topics related to the social and emotional health of students** – For several years, ISS has been providing training for staff and parents on topics related to the social and emotional health of students. These trainings have become increasingly popular, with an average of 50–75 participants in attendance. Though speakers for these trainings have generally provided their services in-kind, ISS needs to develop additional resources to pay for staff time to plan and coordinate these on a more frequent basis.

3. **Develop training for school staff on communication and relationship-building with students** – Both district and site administrators pointed to the quality of the relationship between students and staff to be one of the key factors in student success. Students generally agreed that there were few staff on campus that they would turn to if they needed to talk with someone about an important issue. Although communication and relationship-building with students is intangible and difficult to teach, there was wide agreement that school staff need support in developing these vital skills.

4. **Utilize low-cost, multi-language communication strategies to make parents aware of services available (i.e., email, ConnectEd, newsletters, resource fairs)** – MHAC participants felt strongly that many students and families are simply unaware of the school and community resources that are available to support them. Finding easy and low-cost ways to make this information available would allow more families to get the support they need. Last year, the DALSS group launched an online directory of central office resources that has been well received by district staff. Expanding this to include site-based and community resources, and publicizing this broadly to students and parents can help make a wide range of information readily available to the entire SCUSD community.
**Priority Three**

*Develop strategies to assist students and families in accessing mental health services.*

1. **Create a centralized, district-wide information and resource center to assist students, families and school staff in accessing mental health services** – School districts with strong and well-integrated mental health components—such as San Diego, San Francisco and San Juan—have created a centralized, mental health access point for the school community. There are many benefits to implementing this model at SCUSD, as school sites have greatly varying resources in providing mental health support to students. Although services would continue to be provided primarily at sites, a central information and resource center where parents, students and staff could access information quickly would strengthen efforts to integrate support services.

2. **Work with County Mental Health and community agencies to increase system capacity to provide more timely services to SCUSD students** – Although Sacramento County provides a broad range of quality mental health services to students that qualify, children with non-urgent issues or those with specific language and/or cultural needs may wait as long as three months to be seen by a provider. Although this is a county-wide issue, SCUSD needs to work with the county to increase system capacity in order to ensure that SCUSD students have access to timely help. In focus groups with school staff and administrators that link students to mental health services, this was viewed as a high priority.

3. **Work with county and community agencies to increase cultural and language proficiency of mental health services for underserved populations including African-American, Latino, Hmong, Mien, Russian and LBGT (Lesbian, Gay, Bisexual and Transgender)** – Recent funding through the Mental Health Services Act facilitated the creation of the Transcultural Wellness Center to address the mental health needs of the Asian/Pacific Islander (API) community. While this important resource has brought much needed language and cultural capacity to the mental health system, more needs to be done to address the needs of other underserved populations. SCUSD can play an important role in this arena by participating in county mental health planning meetings and by continuing to partner with groups such as the Sacramento LGBT Mental Health Collaborative, the UC Davis Early Detection and Intervention for Prevention of Psychosis clinic and others.

4. **Identify confidential counseling space and key contact person at every school site to facilitate increased access to students by SCUSD and community mental health professionals** – SCUSD can play a pivotal role in helping students and parents access mental health services by supporting school and community mental health professionals in providing services at school sites. In order to do this effectively though, providers must have some confidential counseling space...
available for them to see students. Identifying space at every SCUSD site, the hours this space is available and a contact person to coordinate use of this space will greatly aid students and parents who wish to access services at their schools. Although community providers identified this as an important priority, many school administrators understood this need as well.

5. **Partner with community health enrollment organizations to increase parents’ awareness of and enrollment in no/low-cost health insurance plans** – Currently, ISS is partnering with two organizations—Cover the Kids and Teachers for Healthy Kids—to enroll qualifying families in no/low-cost health insurance at six SCUSD schools. Through these plans, families can more easily access mental health services at little or no cost. Expanding this effort to every SCUSD schools would greatly increase student access to both health and mental health services.

6. **Develop funding to provide mental health services to low and middle-income students that do not qualify for no/low-cost health insurance** – Undocumented and middle income families that do not qualify for no/low-cost health insurance have few resources for obtaining mental health support. While sliding scale fees at community agencies are helpful, they may not slide far enough for families that need to pay out of pocket. Developing funding to serve these students will help fill a gap in the continuum of support available to SCUSD families.
Next Steps

Increasing student access to mental health services requires more than just a strong set of recommendations; in most cases, it will require the collective action of the entire SCUSD community. To facilitate action on these recommendations, ISS will begin developing workgroups to address specific priorities that require planning and input from diverse stakeholders, such as:

- **Priority One, #1** - Develop clearly articulated policies and programs to reduce bullying and name calling among students.
- **Priority Three, #1** – Create a centralized, district-wide information and resource center to assist parents, students and school staff in accessing mental health services.

In addition, the MHAC will continue to play a key role in guiding district staff in developing strategies for achieving progress on other recommendations including:

- **Priority Three, #2** - Work with County Mental Health and community agencies to increase system capacity to provide more timely services to SCUSD students.
- **Priority Three, #3** - Work with county and community agencies to increase cultural and language proficiency of mental health services for underserved populations including African-American, Latino, Hmong, Mien, Russian and LBGT (Lesbian, Gay, Bi-Sexual and Transgender).
- **Priority Three, #5** - Partner with community health enrollment organizations to increase parents’ awareness of and enrollment in low-cost health insurance plans.
- **Priority Three, #6** - Develop funding to provide mental health services to low and middle-income students that do not qualify for no/low-cost health insurance.

Finally, we will draw on the resources of existing district workgroups—most notably the DALSS Team—to guide implementation of other recommended actions and to ensure alignment with the Response to Interventions (RTI) approach. By implementing these recommendations, we hope to reduce the number of students and families who need interventions while simultaneously increasing access to interventions for those that do. This will help create a community of students that are ready to learn and prepared for the challenges that await them in school and in life.
Appendix A – List of Focus Groups Conducted

<table>
<thead>
<tr>
<th>Group</th>
<th>Date/Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Latino (parents)</td>
<td>5/6, 9-10am</td>
<td>Oakridge</td>
</tr>
<tr>
<td>2. School Staff</td>
<td>5/13, 2-3pm</td>
<td>Bret Harte</td>
</tr>
<tr>
<td>3. District Administrators</td>
<td>5/15, 12-1pm</td>
<td>Serna</td>
</tr>
<tr>
<td>4. Youth (high school)</td>
<td>5/20, 9:30-10:30am</td>
<td>Johnson</td>
</tr>
<tr>
<td>5. Youth (middle school)</td>
<td>5/30, 11:50-12:30am</td>
<td>Fern Bacon</td>
</tr>
<tr>
<td>6. Hmong (parents)</td>
<td>6/5, 5-6:30pm</td>
<td>Hmong WHA</td>
</tr>
<tr>
<td>7. Principals</td>
<td>6/18, 2-3:30pm</td>
<td>Serna</td>
</tr>
<tr>
<td>8. Psychologists</td>
<td>6/19, 8:30-10am</td>
<td>Serna</td>
</tr>
<tr>
<td>9. English/DAC (parents)</td>
<td>9/16/08, 6-7pm</td>
<td>Serna/PSS</td>
</tr>
<tr>
<td>10. African-American (parents)</td>
<td>10/3, 9-10am</td>
<td>Jed Smith</td>
</tr>
</tbody>
</table>

Not Part of LPC Report

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. CBO Administrators</td>
<td>6/23, 3-4:30pm</td>
<td>Serna</td>
</tr>
<tr>
<td>12. School Sites w/ Clinicians</td>
<td>8/27, 11-12pm</td>
<td>Sierra Health</td>
</tr>
</tbody>
</table>
Appendix B – Focus Groups Executive Summary from LPC Consulting

Executive Summary

During the 2007/08 school year, Sacramento City Unified School District’s (SCUSD) Integrated Support Services received funding from The California Endowment to work toward integrating mental health services for students in the District. To inform the planning process, ten focus groups were conducted between May and September 2008: two with students, four with parents, and four with District staff. This report presents a summary of the findings.

Youth Focus Group Highlights

Youth participants discussed sources of stress, qualities they would seek in adult helpers, barriers to help, how schools can help, and how mental health and academic performance are related. The following chart summarizes student input.

<table>
<thead>
<tr>
<th>Sources of stress for students</th>
<th>Issues at home: Divorce, parent abandonment, death of a family member; physical, mental, or emotional abuse; domestic violence; and financial problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interpersonal relationships among youth: Peer pressure, rumors, dealing with personal problems, boyfriend/girlfriend issues</td>
</tr>
<tr>
<td></td>
<td>High risk behaviors: Alcohol and other drugs, gangs, violence, and sexuality</td>
</tr>
<tr>
<td></td>
<td>Basic needs: Helping out family financially or by providing childcare for working parent</td>
</tr>
<tr>
<td></td>
<td>School performance: Keeping up grades, getting promoted, graduating</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics that help students seek out help from a caring adult</th>
<th>Trustworthiness; assurances about respecting confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Understanding youth stressors</td>
</tr>
<tr>
<td></td>
<td>Approachable helper</td>
</tr>
<tr>
<td></td>
<td>Nonjudgmental adult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers that impede students seeking help</th>
<th>Concern for breach in confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Youth pride, shame, fear, anger</td>
</tr>
<tr>
<td></td>
<td>Cultural and familial privacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How schools can help students with social and emotional issues</th>
<th>Increase teacher skills: Approachability, responsiveness, trust, and youth development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide private location for private matters: Either on-site or off-site</td>
</tr>
<tr>
<td></td>
<td>Make stress management programs available for youth</td>
</tr>
<tr>
<td></td>
<td>Promote general awareness of social and emotional health and how to access help</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship between student mental health and academic performance</th>
<th>Social and emotional problems as a learning distraction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student preoccupation with social and emotional problems instead of class</td>
</tr>
<tr>
<td></td>
<td>Teachers with their own mental health stressors related to the job, standardized test score focus, accomplishments</td>
</tr>
</tbody>
</table>
Creating Capacity for the Integration of Mental Health Services

Parent Focus Group Highlights

Four parent focus groups were conducted, one with Latino parents, one with Hmong parents, one with African American parents, and one with a general group of parents. All parents agreed they would “do whatever it takes” to provide help for their child. However, there were some variations among parent responses by ethnic group. Parents would seek help for the social and emotional needs of their child, as follows:

| Latino families | ➢ Open to seeking help from outside the family  
❯ Would seek help from schools  
❯ Seek help from community-based organizations |
|-----------------|-----------------------------------------------|
| Hmong families  | ➢ Seek help from relatives and “clan leaders”  
❯ Not familiar with concept or practice of seeking help from a “counselor”  
❯ Open to going outside family or clan for help with pregnancy, gang, academic failure and alcohol and other drug related issues  
❯ Uncertainty about laws in the United States and fear of Child Protective Services |
| African American families | ➢ Turn to family members for help  
❯ May turn to school and teachers for help  
❯ Would utilize counselor as a “last resort”  
❯ Counselor would need to establish credibility with parent before they would allow children |

In general, parents stated if they go to the school for help, often the staff is unsure how to help and the response time is slow. If they are referred out of the school system for help, barriers include cost, language and culture, and fear – fear that counseling might make things worse. Parents are not confident that schools can respond.

School Staff Focus Group Highlights

Four focus groups were conducted with school staff including teachers, school psychologists, school counselors, social workers, principals, and administrative staff from Integrated Support Services, Student Family Support Services, Assessment, Research, and Evaluation, Special Education, Health Services, Curriculum, and Professional Development. Findings included:

- School staff are aware of youth issues, but need training on how to help youth manage these issues.
- Staff are aware of issues and barriers that families face when trying to access services or help from the school.
- There are many systemic and institutional barriers to accessing mental health services.

LPC Consulting Associates, Inc.
• How schools respond to social and emotional health and wellbeing is not uniform and varies by site.

• Staff perception is that parents do not follow through on referrals, need education on mental health issues in children, and might benefit from case management.

• School personnel had the most concrete suggestions about optimizing existing resources and enhancing the existing infrastructure to respond to student social and emotional issues.

Conclusion

If the District proceeds with integrating mental health services into the school system, an infrastructure needs to be developed. The infrastructure needs to include: an overall understanding of the relationship between mental health and academic performance; training and support to school level staff on social and emotional health and issues; a list of resources available for school sites; and a level of consistency across school sites. In addition, both students and parents would welcome information and awareness related to student mental health issues, in a context that generalizes and is nonjudgmental, leaving open the door for students to seek help. Suggested methods for integrating mental health services into the District include expanding and retooling existing resources, developing strategically placed counseling centers, or having one main centrally located counseling center. No matter what the method, staff training on the procedures to access services is necessary, and staff would welcome additional resources to support this expanded role for the schools.
### Intensive Interventions: Systems of care to address critical student needs
- Individual students receive support services based on individual need
- Indicated interventions for severe and chronic problems
- High end need/high cost per individual programs
- 3-12% of students (varies with school site)

### School Resources
- Parent Crisis Center
- Physical/Mental Health
- Individual Student Intervention Plans
- School Placements
- Specialized Programs

### Strategic Interventions: Systems for early intervention
- Targeted groups of students will receive specific support services to address their needs
- Early-after-onset, includes selective and targeted interventions
- Moderate need, moderate cost per individual
- 20-30% of students involved (varies with school site)

### School Resources
- Behavioral/Social Support Programs
- Academic Supports
- Specialized Programs
- Focused Family Engagement & Support

### Universal: Systems promoting healthy development and preventing problems
- All students will have access to these services
- Primary prevention, includes universal interventions
- Low-end need/low cost per individual programs

### School Resources
- Positive School Climate
- Supportive Student-Centered Relationships
- Engaging Instructional Practices
- Standards-Based Instructional Materials
- Academic Conferences
- Health Education
- Culturally and Linguistically Responsive Instruction
- Mandated Health Screenings
- Child Abuse Education
- Support for Transitions
- Youth Voice
- Family Engagement & Support
- Safe Environment for Learning
Appendix D – MHAC Priorities, Goals and Strategies

Priority 1
Focus on prevention-oriented activities that foster a healthier school climate

A. Create a district-wide culture where every kid has value
   • Measurable data to assess culture change
   • Training teachers to create this culture (check Montessori)
   • Positive incentives for positive behavior
   • Counseling like Howe Avenue Elementary
   • “It takes a community” curriculum
   • Bullying prevention curriculum (stronger than 2nd Step)
   • Parent engagement/training
   • Creating a sense of community (ie, peer support groups)
   • Eliminating name calling
   • Training and support for principals regarding soc/emotional services

B. Develop a system where pediatricians and primary care providers can easily refer a child to the school for follow up.
   • Confidentiality issues
   • Make referrals early (3-5 years old)
   • Create a Resource Center
   • Access for community therapist
   • Telemedicine/technology
   • Explore using FRC’s that exist
   • Address minor consent issues
   • Linking “hubs” in community

C. Support kids within a group setting at their school in dealing with a family breakup
   Broaden to encompass many other issues students struggle with such as:
   • Family stressors
   • All stressors
   • Trauma-explosed
   • Death, grief and loss

Priority 2
Increase awareness of services through education and training of families and school staff

A. Parents
   ⇒ The group suggested exploring parent training programs that are being used by other school districts and agencies including:
      • EES (Educate, Equip and Support) by United Advocates
      • Family Survival 101 (Folsom-Cordova School District)

   ⇒ Participants generally agreed that the hardest part of parent training is getting parents to attend. We discussed strategies that can help including:
      • Providing food
      • Providing a stipend
      • Marketing that addresses their concerns
      • Using a strengths-based approach
• Using school site councils to inform parents
• Hold meetings at parents homes
• Use family/parent advocates to recruit parents
• Have parents share their stories

B. Destigmatization
• Resource fairs (ie, school site, Passport, health fairs, etc.)
• Use “brain gym” activities at fairs to engage and educate participants
• Media campaigns
• Other:
  ☑ Flyers
  ☑ Add info on mental health to school enrollment packets
  ☑ Use email to get mental health info out to parents
  ☑ Use school newsletters
  ☑ Use PTA, PTOs, PTGs and ELACs
  ☑ Use negative consent form
  ☑ Use adult ed to to get info to parents
  ☑ Honor and address cultural issues in a respectful way

C. Early Assessment/Prevention
• Start early (preschool)
• Resource center
• Easy intervention activities
• Get info to parents before they are in crisis
• Make a connection with someone in schools/training teachers and staff
• Develop tip sheet/resource handbook for parents regarding SST/IEP process

Priority 3
Focus on helping students and parents access mental health services
• Research other school districts for their policies and procedures in coordinating district-wide (school-wide)
• Policies and procedures available to all the providers
• Peer counseling structure as a way to educate and provide mental and health services
• Social worker/case management outreach coordination of services

Priority 4
Increase use of school facilities for community support and activities
• Address cultural/language barriers at each school to strengthen the relationship between parent, student and school
• Identify sites at SCUSD that would open their school to community agencies
• Identify community agencies that would be interested in utilizing the school sites
• Identify the activities that are needed and that would take place at the school
• Streamline process to use space
• Make activities prevention-oriented, fun/creative, family oriented
• Increase partnerships for services such as:
  o MHA (support groups)
  o AOD (anger management)
  o CARE (California Access Recovery Effort) 2 yrs left on grant
Appendix E – List of MHAC Participants

Abbey Burke, parent
Anita Barnes, La Familia Counseling Services
Anne-Marie Rucker, Sac County Mental Health
Becky Bryant, Special Education
Blia Cha, Hmong Women’s Heritage Association
Brook Gross, parent
Carla Ambrose, Sac County Alcohol and Drug Services
Chiem-Seng Yaangh, SCUSD Multi-Lingual/Cultural
Cindy Kilby, SCUSD LSU C
Danielle Martin, SCUSD Integrated Support Services
Dave Schroeder, Mental Health Association
Diane Lampe, Elk Grove Unified School District
Dr. Cameron Carter, UC Davis Dept. of Psychiatry
Dr. Joe Sison, Parent/Sac County Mental Health
Elizabeth Miller, UC Davis Dept. of Pediatrics
Faye Sharpe, Jed Smith Elementary School
Ginny Volk-Anderson, Integrated Support Services
Greg Purcell, SCUSD Student/Family Support Services
James Wessel, Catholic Healthcare West
Janet Spilman, Hiram Johnson High School
Josh Breslau, UC Davis Internal Medicine
Judy Fong Heary, Asian Pacific Community Counseling
Karolina Maluga, ACAC/Youth System of Care
Kathryn Skrabo, Mental Health Services Act
Kris Rekdahl, Catholic Healthcare West
Lois Cunningham, parent/EMQ
Lynn Cannady, LPC Consulting

Lyn Hawthorne, Sutter Counseling Center
Marcie Launey, Sacramento City Teachers Association
Mareen Mccaustland, Sac County Mental Health
Marianne Akerland, SCSUD Nursing Services
Mary Hargrave, River Oak Center for Children
Michaele Beebe, EMQ
Mick Rodgers, Sutter Counseling Center
Nikki Milevsky, SCUSD Special Education
Oscar Wright, United Advocates for Children & Families
PaKou Vang, Hmong Women’s Heritage Association
Pam Cajucom, SCUSD Integrated Support Services
Pandy Hespeler, Teacher, Pacific Elementary School
Paul Merrill, DHHS/Child and Family Mental Health
Philip Moore, SCUSD LSU D
Poshi Mikalson, MHA/LGBT Collaborative
Rebecca Hagerty, Assessment, Research and Evaluation
Reena Heer, student
Rian Smith, Visions Unlimited
Roleta Bates, Visions Unlimited
Sandra Natale, SCUSD Special Education
Shelton Yip, SCUSD Special Education
Stacey Bell, SCUSD Foster Youth Service
Stephanie Ramos, Mental Health Association
Trisha Seastrom, Panacea
Tyrone Netters, Metropolitan Community Alignment
Val Lopez, Metropolitan Community Alignment
Wendy Greene, Sacramento County Mental Health