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Assessing the Mental Health Resources and Supports Available for Students

The need for effective and appropriate student and youth mental health resources and support continues to grow each year. It is estimated that one in six U.S. youth aged 6-17 experienced a mental health disorder each year, and half of all mental health conditions begin by age 14. The most commonly diagnosed mental disorders in children include attention-deficit/hyperactivity disorder (ADHD), behavior problems, anxiety, and depression. Unfortunately, about half of youth experiencing mental health issues have reported not receiving any kind of treatment in recent history.

These issues have only been further exacerbated by the COVID-19 pandemic, which intensified the existing mental and behavioral health challenges. Reports during the pandemic found an increase of emergency department visits by children under the age of 18 for mental health reasons. A further study published by the Centers for Disease Control and Prevention (CDC) in November of 2020 found that compared to the prior year, emergency department mental health-related visits for children aged 5 –

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11 increased by 24%, while visits for children aged 12 – 17 years old increased by 31%. The CDC partly attributed this increase to the fact that many children receive mental health services through clinical and community agencies, such as schools. With schools necessarily closed for in-person instruction early in the pandemic with cases rising and no vaccines or treatment available, children went without the means to access the appropriate mental health resources needed to respond to this unprecedented adverse childhood experience.

With the 80 school districts in Los Angeles County now fully-reopen, there have been significant efforts on behalf of the school districts, the Department of Public Health, the Los Angeles County Office of Education, and of parents and students to reduce the impact of COVID-19. Through a multi-layered approach of protection in the school setting – including vaccinations, testing, and other mitigation efforts – cases, close contacts, and outbreaks associated with schools in the County have remained remarkably low. Thanks to these efforts, the vast majority of the nearly 1.5 million students in the County have been able to return to in-person instruction once more.

In addition to the educational benefits that in-person instruction provides, returning to the classroom has allowed students to once again access the vital mental health services that are offered in many school settings. For many children and teens, schools are the first stop for accessing mental health supports and services. In fact, in 2019, 15% of adolescents aged 12-17 reported receiving mental health services at school – comparable to the 17% who saw a specialty provider. A recent survey of middle school and high school students in the Los Angeles Unified School District found that 1 in 3 students of color say they don't have an adult at school who they feel

comfortable speaking with regarding their feelings. School-based mental health services delivered by trained mental health professionals on site are key to addressing the rising incidence of mental health disorders in youth. According to the National Alliance on Mental Illness (NAMI), removing barriers like transportation and scheduling conflicts will increase access, and having services on site can help remove stigma that can be associated with seeking mental health assistance. By identifying and treating mental health issues early, these interventions can make a significant difference in the lives of children with mental health conditions.

Fortunately, some school districts are already making changes as a result, including instituting a Mental Health Day. Additionally, districts across the country and especially in the State of California are well-positioned to address this growing need. Through the American Rescue Plan, over \$122 billion was appropriated for K-12 schools to safely re-open and to address the many impacts of COVID-19 on education. This includes strategies to meet the social, emotional, and mental health needs of students, as well as to hire additional personnel, such as nurses or mental health professionals, to keep schools safe and healthy. Additionally, the State of California's 2021-2022 budget package provided funding for numerous programs in K-12 education, including \$25 million in funding to develop mental health and wellness instructional resources and trainings for educators, students, and caregivers to address the pandemic's impact on mental health.

With this influx of necessary resources into the County's schools to address mental health, it is critical that County Departments are positioned to help coordinate and address the need. Although school districts are primarily responsible for providing

support and treatment for mild and moderate mental health disorders for their students, the Department of Mental Health (DMH) provides support for serious and specialty mental health needs of students. Additionally, the Los Angeles County Office of Education (LACOE) plays a pivotal role in coordinating resources and supports across the 80 districts and over 3,000 schools in the County. DMH and LACOE must be fully informed of the practices being utilized at each of the school districts, so they can best be positioned to provide technical assistance, support, and resources.

WE, THEREFORE, MOVE that the Board of Supervisors instruct the Department of Mental Health, working with the Los Angeles County Office of Education, to:

1. Design a questionnaire/survey to be distributed to the 80 school districts in Los Angeles County, including but not limited to the following considerations:
 - a. The mental health services being offered at each school in the district;
 - b. The federal and State funding each district and school received this fiscal year, and how those districts/schools plan to allocate the funding towards mental health needs;
 - c. Current and prospective unmet mental health needs after consideration of the use of federal/State funding;
 - d. Available and prospective personnel (i.e., mental health professionals, *promotoras*, community ambassadors, etc.) available on school campuses, and any need for further personnel to meet the mental health needs from students; and
 - e. Other items deemed necessary by DMH and LACOE to assess the mental health capacity and needs of schools.

2. Report back within 30 days with the final questionnaire, with a corresponding plan to distribute and engage the County school districts for responses. This report back should include a timeline by which DMH and LACOE expect responses from the districts, as well as a plan on behalf of the Departments to address and support any unmet needs identified by the questionnaire.
3. Report back within 120 days with the data and analysis from the questionnaire, and next steps to address the needs identified by the information collected, including engaging with community partners and the Mental Health Commission on opportunities to support and address the needs identified.

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