

Los Angeles County Department of Mental Health  
Stakeholder Subcommittee on Education  
**Meeting Agenda/Minutes**

Thursday, January 31, 2019  
1:30pm – 3:30pm  
550 S. Vermont Ave  
2<sup>nd</sup> Floor Conference Room

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## 1. Meeting Agenda

- i. Welcome, Mission, and Objectives
- ii. DMH School Partnership Initiative
- iii. Overview and Board Motion
- iv. LACOE Proposal – Community School Initiative
- v. Comments and Feedback using Microphone
- vi. Flash Cards/Comments

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## 2. Proposal Questions:

- What are the strengths of the proposal?
- What are some gaps?
- How can we further strengthen the proposal?

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**Attendance:** 107 community stakeholders attended the meeting, including students, parents, teachers, community advocates, and those representing school districts, community based organizations and mental health providers.

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## Discussion

Los Angeles County Department of Mental Health Prevention Services Division provided an overview of the following:

1. Prevention Framework
2. School Partnership and Projects
3. Board Motion.

The overall goal for this engagement is to develop partnerships in order to create trauma informed organizations and communities to mitigate the impact of trauma and aid in the prevention of mental illness and hear directly from the community on these critical issues. A presence on school campuses that moves us all in the direction of preventing adverse incidents, thus helping to prevent the debilitating effects of mental illness

This subcommittee will be an ongoing opportunity to provide input and feedback to the Department of Mental Health in the area of student well- being. LACDMH is planning to develop a full spectrum of services for all 81 school districts in Los Angeles County and engage students, parents, caregivers, community based mental health agencies, school districts, and community based agencies in this effort.

The Prevention Services Division is relatively new to the Department. In the past, LACDMH had invested most of the Prevention and Early Intervention (PEI) funds, made possible through the Mental Health Services Act (MHSA) into early intervention services, including direct services, group therapy services, and one on one connection with clinicians. Dr. Sherin, want us to step back and start to invest more on prevention services. Going forward, we will continue to fund this work but will also be investing more funding in prevention services for the community at large. We will of course continue to serve individuals experiencing mental illness but we are also developing programs to prevent individuals from the onset of a severe mental health condition.

The Prevention Services Division's mission is to address trauma by promoting protective factors in systems and communities with an emphasis on social connectedness and engagement. Core objectives include: raising awareness, building organizational and community capacity, ensuring access to care, and ensuring capacity for the delivery of quality mental health services.

### **Public Health Approach Tier 1- Universal, Tier 2 Selected, and Tier Indicated**

**School Partnership Initiative (SPI)**- Partnership with school districts within Los Angeles County: Engage students and their families to address trauma and environmental stressors, which impact academic performance. Creating trauma-informed schools through regional trainings and coaching for school staff. Enhancing the DMH provider network to provide trauma-informed care.

**Community Schools Initiative (CSI)** Purpose is to build equity for students by highlighting areas of need and leveraging community resources so that students are healthy, prepared for college, and career and civic ready.

**CSI (Overview)** Schools will partner with County and community agencies to provide an integrated focus on academics, health and social services, youth and community developments, and community engagement. This framework includes the following four pillars: integrated student support, expanded learning time and opportunities, family and community engagement, collaborative leadership and practice.

**CSI Strategic Priorities, Improving Student Outcomes:** Parent training that provides strategies to help build their child's resilience and overall mental health well-being. Trainings will include how to identify needs and strategies in the areas of anxiety, depression, social media, self-care, managing feelings, problem solving and communication.

**Supporting Trauma and Resiliency Informed Practices:** Professional development for all stakeholders.

**Strengthening Community Partnerships by Building New Alliance and Networks:** Community alliance and partnerships that are sustainable and provide mental health services to families. Partnerships that provide quality mental health services that are accessible, affordable and personalized. Partnerships and networks that provide wraparound services to families. Ability to connect families to various resources.

**Expected Student Outcomes:** The goal is to improve the academic, emotional, and physical well-being of participating students so they improve their educational outcomes.

#### **Four Key Goals.**

1. An increase in academic performance based on reduced number of fails received
2. A decrease in chronic attendance and dropout rates
3. A reduction in suspensions
4. An increase in family engagement

**CSI Development:** Needs assessment of the school district and community to customize services and resources. Community input will drive the development of programming. Trauma informed programming.

#### **Los Angeles County Office of Education (LACOE) Proposed Staffing:**

LACOE Director of Community Schools Development:

1. DMH funding for Community Schools, Coordinators and Parent Liaisons.
2. 10 Pilot school districts

**Board Motion: Motion by Supervisors Mark Ridley-Thomas and Hilda S. Solis**

**Support for Student's Health and Well Being:** Mental and emotional well-being are critical to children's success in school and life. Research has shown that students who receive social-emotional and mental health support perform better academically. School climate, classroom behavior, on-task learning, and student's sense of connectedness and well-being all improve as well. As a result, mentally healthy children are more successful in school and life. Mental health is not simply the absence of mental illness but also encompasses emotional, social, and behavioral health and the ability to cope with life's challenges. Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavioral problems, dropping out, and delinquency.

Schools offer an ideal context and environment in which to provide mental health services to children and youth. Virtually every community has a school and most children spend at least six hours a day on campus. School-employed professionals such as psychologists, counselors, social workers, and nurses have built trust with students, parents, and other staff, contributing to accessibility of services. In fact, research has shown that students are more likely to seek counseling when services are available in schools. In some areas, schools provide the only mental health services in the community.

Increasingly, school systems are joining forces with community health, mental health, and social services agencies to promote student well-being and to prevent and treat mental health disorders. Through these collaborations, schools and local agencies are working together to address the growing health, behavioral, and mental health needs of students. This type of collaboration between the County of Los Angeles (County) and the Los Angeles Unified School District (LAUSD) would provide an opportunity to address students' and others' mental health wellness, as well as implement prevention and early intervention strategies before more intensive interventions become necessary. Such a collaboration would enhance the array of services within LAUSD that will support an improved learning environment and promote the mental wellness of this significant population within the County.

**WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Instruct the Director of the Department of Mental Health (DMH), or his designee, to, as soon as possible, identify potential funding sources that could provide up to \$10 million in funding to the Los Angeles Unified School District (LAUSD) for enhancing mental health and well-being and addressing the prevention of mental health needs of the students, staff and others within LAUSD.
2. Instruct the Director of the Department of Health Services (DHS) and the Director of the Department of Public Health (DPH), or their designees, to identify potential funding sources, as soon as possible, to provide funding to LAUSD for the hiring of school nurses and other health professionals; and
3. Authorize the Chief Executive Officer and the Directors of DMH, DHS, and DPH to enter into such agreements with LAUSD, subject to approval by County Counsel and other essential stakeholders, including, without limitation, administration and allocation of available funding, as may be necessary to memorialize and execute the mental health and well-being activities pursuant to this motion.

**MOTION BY SUPERVISORS KATHRYN BARGER AND JANICE HAHN:**

**Amendment to Item 22-B**

Direct the Department of Mental Health, in coordination with Los Angeles County Office of Education, the Chief Executive Office, and the Auditor-Controller, to develop a countywide plan to provide school based mental health services, including but not limited to: prevention and early intervention services, education, support, and outreach. This plan should include the identification of resources, timeline for implementation, and any other relevant information, with a comprehensive report back to the Board in 45 days.

**Community Feedback/Public Comments** – Attendees of this stakeholder event engaged in an open discussion and were asked to provide feedback and public comments regarding the following questions:

1. What are the strengths of the Proposal?
2. What are some gaps?
3. How can we further strengthen the proposal?

<b>1. What are the strengths of the Proposal?</b>	<b>Stakeholder Feedback/Public Comments</b>
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- The community school model has been working for decades
- Universal Prevention
- Addresses the whole person - grades/attendance etc.
- Integrated approach
- Focus on transition & safety
- Will help teachers
- Extend training (social/emotional) to after school programs
- It includes a component for parents, which provides tools
- Parent engagement

<b>2. What are some gaps?</b>	<b>Stakeholder Feedback/Public Comments</b>
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- Parent involvement/engagement piece missing
- Elementary school services are not identified
- Parent liaisons have limited knowledge (School/Mental Health/ Parent/Partner involvement)
- Administrators, not teachers need to be involved
- What about those children not involved with the Department of Mental Health system. How will they receive services?
- Identify the services that the parents may need
- Identify language needs (language capacity)
- Student spending; not meeting policy and advocacy component
- Identify funding for Mental Health Services and be more specific
- Families also need services
- More culturally sensitive services
- The need to fund more Psychiatric Social Workers at schools
- Minor consent for services needs to be spelled out
- The need for mental health services is increasing
- Racial justice, LGBTQ, African American, broader program need to be developed to empower diverse students
- The role of advocates, attorneys for students (e.g. IEP; s) to educate parents is lacking
- The impact of students using drugs needs to be emphasized
- Classrooms need translation services for teachers
- Technology needs to be involved and included
- Parents and students need assistance to complete forms and build resilience
- More streamlined procedures to provide services, faster & efficient
- The need for support groups
- Concerned that the proposal appears to use short term funding (PEI) over three years, which doesn't allow for building long term solutions, or making community schools last once the pilot ends
- Help agencies provide/develop a sustainability plan to continue services when funding is not available
- Suicide prevention services network is missing
- Self-care, advocacy, stigma reduction programs need to be included
- More funding to avoid high turnover
- More inclusive of parents with regards to clients academic and mental health needs

- More education about student’s rights and due process
- More teamwork needed with those involved
- More student involvement; direct services
- Develop an evaluation tool that measures metrics for success
- Community schools with unique needs, do their own assessment
- Set own goals that feed into larger goals, short term and long term
- Early education is important
- Provide students study teams with agencies or partners to provide a wrap-around service approach
- Partnerships are too small and school districts do not have the personnel, comprehensive, etc to execute this mandate
- American Foundation for Suicide Prevention has several programs that are based on evidenced based research that might help this proposal, can we present to LACOE or DMH to see our programs?

**3. How can we further strengthen the proposal? Stakeholder Feedback/Public Comments**

- Community partnerships are important. We need to hire teachers because the parents follow the teachers
- Develop a unified program that deals with administrators, counselors, teachers and mental health professionals
- Include bilingual teachers, liaisons and administrators
- Continue existing funding for mental health services and coordinate all of them
- Include training models for parents
- Use technology to educate, people become overwhelmed with paper work
- DMH administration can help with referrals
- Assist the districts to become MediCal-certified
- Support groups for LGBTQI2-S youth
- Provide support for students
- Provide suicide prevention services in all school districts
- Continue doing things that are working
- NAMI is one of the programs that focuses on self-care/self help
- More than one agency needs to be involved and strong teams need to be developed
- Bring agencies to the table that know what they are doing
- Increase your community participation by involving students, parents, and determine what works best
- Advocacy counselors can be identified as volunteers

**Written Comments: Stakeholder Feedback/Written Comments**

Written Comment #1

DMH Legal Entity providing school based (SB) services in over 60 schools and several districts for this proposal. The community school initiative is something I have been passionate about for over 20 years. We previously called it Healthy Start. Debra Duardo was one of the leaders in L.A. My fear with this project is lack of coordination and communication. For example, Didi- Hirsch provides SB services in Inglewood Unified. On the updated IUSD website, see that word for word, it is the community schools model. However, as a provider in IUSD for many years, this is the first we are hearing about it. Who is the LACOE team that has been planning with IUSD? Why haven’t providers been engaged? Where has the communication & coordination with existing SB providers been and re-coordination? Can you help me understand how we can integrate other funded initiatives that already are in place? For example, Didi Hirsch has Early Star, Innovations 2 and SB Mental Health Services in IUSD. How can we

coordinate all of these trauma-focused initiatives? I strongly second the idea that DMH has to address the impact of Medical certification on the coordination of more services on campuses”

#### Written Comment #2

- A one step up to date what’s going on, status of projects website, designate a lead contact
- A human who knows how to answer/link M-F 830am-5pm suggests a rotation schedule
- Implement EBP’s (trainings) for the teachers regarding stress and anxiety
- EBP’s effective strategies for the teachers to help them do what they do with positive MH as an infrastructure
- e.g. (already on DMH reimbursable EBP but no training for staff funded)
- Landscape study of resources & existing partners to unnecessary reinventions including DMH School Mental Health Coordinators

#### Written Comment #3

- Having people imbedded in the schools is so important and stability for the position over the years not just the grant period
- Kids need stable relationships with adults that will continue over many years and staff that can become part of the school culture
- We need to remove barriers as much as possible-including if they don’t have medical, or are too guarded to be forthcoming
- Clinicians imbedded in the school really know the needs in and out

#### Written Comment #4

● I think having a liaison between community organizations and students is great. As a community organizer for an LGBTQI2-S mental health program for youth, we have plenty of resources that we want to provide to as many youth as we can, but we are limited due to structural barriers. We have been trying to get into schools to speak to students, but the access is limited. As of now, most of our services are limited to Charter schools only.

#### Written Comment #5

● The proposal can be strengthened by identifying DMH contracted agencies that are providing school based services under their school-based programs. Talk to us about what works/what doesn’t work. Talk to LAUSD Organizational Facilitators to identify barriers and strengths in collaborating with contracted agency has.

#### Written Comment #6

- Train teachers regarding trauma, mental health issues, etc.
- Teachers need to learn how to talk to children therapeutically, mental health personnel need to learn about the IEP process from teachers
- Need mental health personnel in each school. Include & train parents
- Train teachers how to identify students with mental health issues
- Partner with students
- Train administrators in mental health issues

#### Written Comment #7

- Hold school districts accountable for accessing and utilizing its AB114 (former AB3632) funding available to them
- Background-DMH staff in recent past have reported that school districts using contracting DMH services has dropped significantly since AB114 was implemented
- California DOE did an evaluation study a few years ago which showed school districts removed greatly in their use/nonuse of these funds

Written Comment #8

●**California Suicide Preventions-** I am here on behalf of the California Suicide Prevention Network. We would like to provide suicide prevention training services to all 10 LA School Districts. We already did San Bernardino Unified Schools. We are reaching out to community as well. The gap is the centralized location for those that educate and build awareness who want to help but do not have the network to get the help. Our website address is **CALISPN.ORG**