MHSOAC
Mental Health Services
Oversight & Accountability Commission

School-Based Mental Health Services for Children in Early Education

Project Framework

Background and Rationale for Project

School personnel are often in the best position within a community to identify and engage children exhibiting markers of risk for developing a psychological disorder.[1] However, teachers and administrators may not have the skills to properly assess students as in need of mental health treatment. When need is established, appropriate services may not be available at the school, and referrals for students exhibiting more advanced emotional and behavioral problems may not lead to community-based treatment for reasons such as parent distrust of government agencies outside of the school or lack of transportation. Too often symptoms progress to the point that a special education assessment process is initiated, resulting in the decision that the general education program cannot meet a student's needs, not because of cognitive deficits but rather due to increasingly disruptive behaviors.

In California, 9.9% of Kindergarten through 12th grade public school children receive special education services.[2] The average costs of educating children in special education is more than double that for students in general education, $22,300 versus $9,600 in 2013.[2] In 2010-11, special education expenditures in California totaled $8.6 billion, with less than one-fifth (18.6%) of these costs covered by federal Individuals with Disabilities Education Act (IDEA) funds.[2]

A total of 25,984 children, or 0.4% of the total Kindergarten through 12th grade school population, were assessed as having "emotional disturbance" in 2011-2012, which is one of 13 disability categories for special education. Students diagnosed as emotionally disturbed have the poorest outcomes of all students in special education, both academically and socially.[3] One study found that 44% of students who had been diagnosed with emotional disturbance eventually dropped out of high school, much higher than the dropout rate of 28% for all students who had received special education.[4] More than half (58%) of 15 through 19 year olds with a history of special education placement due to emotional disturbance reported in a survey that they had been arrested at least once.[4]

Although the proportion of children in 2011-2012 assessed as having an "emotional disturbance" and placed in special education is relatively small (0.4%), it is estimated that a much larger proportion of children in the State suffer from a mental health condition, but are not identified and/or treated. A 2013 California HealthCare Foundation report estimated that 7.6% of California children (approximately 700,000) have a serious emotional disturbance (defined as meeting diagnostic criteria for a mental health condition and having significant functional impairment), of which 14% to 17% received mental health services as part of the special education individual plan between 2010 and 2015.[5]

In September 2014, leaders in the fields of education and mental health along with representatives from the California Endowment, Sierra Health Foundation, and the Blue Shield Foundation met at the MHSOAC to participate in discussions related to the challenges and missed opportunities to effectively identify and help children in need of mental health services. Consensus was reached at this meeting that current practices do not adequately support children demonstrating emotional and behavioral needs toward reaching their full

academic potential and avoiding unnecessary placements in special education. Meeting attendees were supportive of alternative approaches, but indicated that a new model(s) must be based on empirical findings demonstrating effectiveness from a well-designed pilot study.

Project Goal

Develop an action agenda for the Commission, supported by key partners and stakeholders. This would include implementing a continuum of early interventions and supports to improve mental health access and outcomes and increase academic success among children in elementary education who are exhibiting emotional and behavioral problems (prior to the need for special education placement).

Project Objectives

With the support of county mental health administrators, school superintendents, and other interested parties and stakeholders, this project will address the following eight objectives:

1. Document the scope of the short- and long-term consequences and related costs of current practices in California public schools to identify and treat children with emotional and behavioral needs.
2. Assess the distribution of rates of referrals to special education programs due to a diagnosis of emotional disturbance across racial/ethnic groups toward investigating disparities in identifying and treating children with emotional and behavioral needs.
3. Investigate and explicate the challenges and barriers to changing current practices to identify and treat children exhibiting signs of emotional and behavioral needs.
4. Identify alternative promising practices and evidence-based models implemented within and outside California for the provision of mental health services to children.
5. Identify limitations and core components of such approaches towards developing a project-based study to provide data or test intervention(s) (e.g., pilot study) that would be generalizable and feasible to implement on a large-scale level across California.
6. Design an alternative model(s) for the prevention, early intervention, and provision of mental health treatment services for children in early education programs toward improving mental health outcomes and increasing academic success.
7. Implement and evaluate the identified alternative model(s) per specified outcomes in relation to implemented fidelity as well as the cost-benefit of the intervention.
8. Based on the results of the proposed evaluation, and input from partners and stakeholders, develop recommendations for the implementation of the proposed changes in practices for mental health services in early education programs in California.

These objectives will be addressed via four project components: project structure, public engagement, pilot study implementation and evaluation, and communications.

Project Structure

The full MHSOAC Commission will be kept apprised of project activities and milestones at Commission meetings. The outcome of project Subcommittee meetings, chaired by Commissioner David Gordon, Superintendent of the Sacramento County Office of Education, will be to develop action-oriented recommendations for consideration by the Commission to improve mental health assessment, services and outcomes for early education students in California. These recommendations will incorporate the input provided at public hearings before the full Commission and public engagement meetings before the

Subcommittee. The recommendations may also be informed by the findings from a MHSOAC-initiated pilot study, with the intervention model and evaluation design developed with input from the Subcommittee and facilitated by staff overseen by the MHSOAC Director of Research and Education.

Public Engagement

Public Hearings. Communication of the structure, limitations, and advantages of current practices to assess and treat children in need of mental health services will be offered by persons with lived experience, subject matter experts, leaders in education and county mental health services, front-line early education teachers and administrators, and members of the public at hearings at MHSOAC Commission meetings. The format for the hearings will include presentations to the Commission and follow-up public discussions between presenters and Commissioners. These public hearings will provide forums for both identifying alternative practices overall and the project pilot study, and for formulating recommendations based on the findings from the pilot study and other information obtained over the course of the project.

The public hearings will be designed to identify answers to the following questions:

1. What are standard and alternative practices in California to identify and treat young students in need of mental health services?
2. How and why do current practices fail children in early education programs in need of mental health services?
3. What are the school- and community-based factors that impede the appropriate assessment and treatment of children in need?
4. What is the information, training, or support that teachers and administrators need to identify children at risk of developing a psychological disorder?
5. What are anecdotal and empirical evidence to show that alternative approaches to providing mental health services to children in early education are effective?

Workgroup Meetings. MHSOAC Subcommittee meetings will be designed to engage stakeholders and provide opportunities for more in-depth discussions on current and alternative school-based mental health practices for children in early education. These meetings should include representatives from the State Board of Education, the California Department of Education, California School Boards Association, Association of California School Administrators, elementary school teachers and administrators, the California Teachers Association, community-based behavioral health administrators and providers, and persons with experience with racial/ethnic disparities overall and specifically as related to school-based and community-based mental health services.

Community Forum. A community forum may be organized to engage a larger group of stakeholders and members of the public who cannot participate in the public hearings and public meetings.

Pilot Study Development and Implementation

Literature Review. The findings and recommendations available in articles and reports from the research, policy, and other literature will be reviewed and summarized to assist in defining the scope of the problem, identify practices and models that have demonstrated positive student- and school-based outcomes, and provide the foundation for a pilot study to evaluate the impacts associated with an alternative approach(es) to the assessment and treatment of children with emotional and behavioral disorders.

A preliminary literature review reveals studies of small- and large-scale interventions designed to improve outcomes specifically for students at risk for, and exhibiting signs of, emotional disturbance, and the overall

school population. In one study conducted in Baltimore, the proportion of students considered eligible for special education from all those referred because of emotional and behavioral problems were compared between eight elementary schools with on-site student assessments; teacher consultations; and individual, group, and family therapy provided by mental health clinicians, and seven schools without these services.[1] This study reported that the combined eligibility rate for the eight intervention schools was lower than for the seven comparison schools, suggesting that the mental health services averted the need for special education. However, the rate of overall referrals to special education did not differ between the intervention and comparison schools.

The Unconditional Education model, funded by the Department of Education and implemented by Seneca Family of Agencies, has found higher language and math scores, better attendance, and lower suspension/expulsion rates among students in five intervention schools in Oakland. Among special education services, only math scores were reported to significantly increased.[6] The intervention focuses on the integration of special education services into the overall school program. The Unconditional Education model are quite encompassing and complex. It includes two initial assessments involving interviews with all staff and the collection and analyses of data to assess the distribution of staff and student time across three tiers of service; and two annual assessments. These data are used to develop an implementation plan and formulate a referral team, and multiple providers are available both on and off school grounds for students with disabilities. The intervention's influence on referrals to special education has not been a part of preliminary findings released to date.

Pilot Study. One primary objective of this project is to conceptualize and implement a pilot study to evaluate an alternative approach(es) over current practices to identify children in early education at risk of a disability of emotional disturbance and provide timely and effective services to improve mental health outcomes and enhance academic success. One challenge in selecting a model for study will be to achieve a balance between identifying an intervention with sufficient intensity to demonstrate measureable outcomes, and one not so vast and resource intense that it would be challenging for the Legislator and others to support an MHSOAC recommendation to implement the model across the state.

Once a suitable model is identified for study, the MHSOAC Director of Research and Evaluation will work with the Subcommittee to incorporate the feedback from public hearings and workgroup meetings, and research and policy literature, to:

1. Explicate the core attributes of a model for study to ensure uniformity in implementation, including intervention staff educational requirements and service-delivery components, procedures, and standards.
2. Develop a budget for the study and explore options for funding through MHSOAC or other mechanisms.
3. Identify individual-level (mental health functioning, attendance, academic success, positive classroom participation) and system-level (referrals and placement to special education) measures that will serve as the primary outcomes to determine effectiveness.
4. Identify methods to document cost and benefits (direct and indirect) data to calculate the cost-benefit of the intervention.
5. Identify procedures for collecting data on these outcomes and transmitting these data on an ongoing basis for quality checks and preliminary analyses.
6. Recruit California schools to implement the model (intervention sites) and, ideally, a sample of school to provide outcome data in non-intervention (comparison) sites.
7. Implement the model in selected schools and document related challenges, successes, and lessons learned.

8. Provide an introductory and ongoing opportunities for the knowledge transfer across implementation sites as well as the presentation and discussion of preliminary findings.
9. Interpret the study findings in terms of the effectiveness and cost-benefit of the intervention and, as warranted, recommendations for the expansion of the model to other schools.

An additional item for the Subcommittee's consideration will be determine the duration of the pilot study. The probability of detecting significant differences in outcomes between the intervention and comparison schools will increase with each year of study implementation, but will delay the release of recommendations accordingly. The duration of the study can be shortened to the extent that the number of participating schools is increased, particularly if the participating schools have large numbers of children at risk for special education placement due to emotional disturbance.

Communications

A number of products will be produced from this project. A final report will include recommendations from the findings from all public engagement activities and pilot study. The report will be available on the Commission's website, with summaries of the activities and information gathering and as ongoing resource for implementation efforts. The final report, adopted by the Commission, will include the following four elements:

1. What is the problem?
2. What can be done (policies, best practices, delivery systems).
3. How to get there (lowering barriers, building capacity, developing incentives).
4. The mechanisms for adoption and implementation (county plan proposals, legislation, learning collaboratives).

The methodology and findings from the pilot study will also be summarized in abstracts submitted for presentation at professional conferences and a manuscript for consideration as a publication in a peer-reviewed journal so that practitioners and researchers within and outside of California can also benefit from this research endeavor.

Tentative Project Schedule

Subcommittee Workgroup Meeting #1 to address Project Objectives 1 through 3.	December 6, 2016 at the Greater Sacramento Urban League from 12:30 to 4:30
Public Hearing before full Commission	January 26, 2017 at the MHSOAC
Workgroup Meeting #2 to address Project Objectives 4 through 6.	March 2017

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6. Unconditional Education website. http://www.unconditionaleducation.org/blog/year-one-i3-evaluation-results-are-in.