National Center
for Youth Law

How Schools Can Support Student Mental Health and Well-Being

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Introduction & Acknowledgments

California students deserve to be healthy, safe and thriving at school. This is especially important in the midst of the current youth mental health crisis. Recent studies have shown that teen girls are "engulfed in a wave of sadness of hopelessness."[1] Emergency departments have seen a 59% increase in youth ages 5-19 being hospitalized for suicide attempts.[2] The rate of suicide among Black youth has been found to be double that of their peers,[3] and 73% of LGBTQ youth report feeling anxious.[4]

Schools already had a lot on their plates. But now, coming out of the COVID-19 pandemic, they face the challenges of supporting their students' unprecedented mental health needs, on top of addressing learning loss and other serious issues.

This toolkit is a collection of resources, information, and strategies intended to support schools in this moment. While the COVID-19 pandemic has exacerbated young people's mental health needs, it has also created new opportunities for schools to support their students' mental, social and emotional health and well-being. The state of California has dedicated historic amounts of funding to various children's mental health services, including school-based and school-linked mental health supports.[5] The heartbreaking statistics in the wake of the pandemic have also created a renewed focus for educators, advocates and other stakeholders to mobilize around the issue and reimagine how schools can create and sustain a supportive school environment for all young people.

Our hope is that this toolkit helps California students get the mental health support they need to thrive in their schools, communities, and beyond. It is divided into three sections: (1) How to create a supportive school; (2) How to sustain a supportive school and; (3) Where to learn more about supportive school practices. The toolkit was designed to be easily navigable, so readers can focus on the topics most

relevant for them. This toolkit does *not* advance a new model or framework, but draws on existing research and summarizes the vast array of resources and reports developed to support student mental health and well-being to provide actionable steps for school staff and administrators to implement best practices.

A special thanks to our district partners - San Leandro Unified School District for facilitating the youth engagement that informed the publication and Twin Rivers Unified School District for their feedback on this resource draft. We are so grateful to the 90+ California youth who participated in focus groups that directly informed this toolkit as well as the companion [Youth Insights Report](#). We also appreciate Lisa Eisenberg at WestEd for her helpful review and input. All shortcomings remain our own.

Please note while this resource provides some legal information, it does *not* provide legal advice or create an attorney-client relationship. Information is current as of August 2023. Readers are encouraged to consult their counsel on questions related to these topics.

What is a "supportive school"?

Throughout this toolkit, the National Center for Youth Law uses the term *supportive school* to describe a school that has implemented the policies and cultivated the school culture necessary to provide effective social, emotional, and mental health support to its students. Please see here for an overview of what we see as the attributes of practices of a supportive school.

Note that we are not attempting to offer a new theoretical framework or impose a specific service delivery model. We recognize that there are many different approaches and models for delivering effective mental health support and services to students, and that each can look different depending on the unique strengths and needs of each school community. Rather, we use the term supportive schools to simply refer to schools that are committed to basic principles and practices that promote student well-being, and describe practices and qualities that we see such schools embodying.

The rest of the toolkit is designed to dive deeper into how schools can make some of these principles and practices a reality in their communities. For additional information on education and mental health terms frequently mentioned in supportive school systems, please see our mental health glossary linked on our website.

How to Create a Supportive School

There are many ways that schools deliver mental health and wellness support to their students. Some stem from entitlements in federal law. For example, if a student is found to qualify for special education under the Individuals with Disabilities Education Act (IDEA) they are entitled to an Individualized Education Program (IEP), which can include educationally related mental health services (ERMHS). Some involve partnerships with community-based organizations (CBOs) and/or county agencies whose clinicians provide students with individualized support.

Regardless of the delivery structure a school adopts, the following section encompasses practices that can be employed and integrated to fit a wide range of service delivery models and across diverse school initiatives and programs. The practices include:
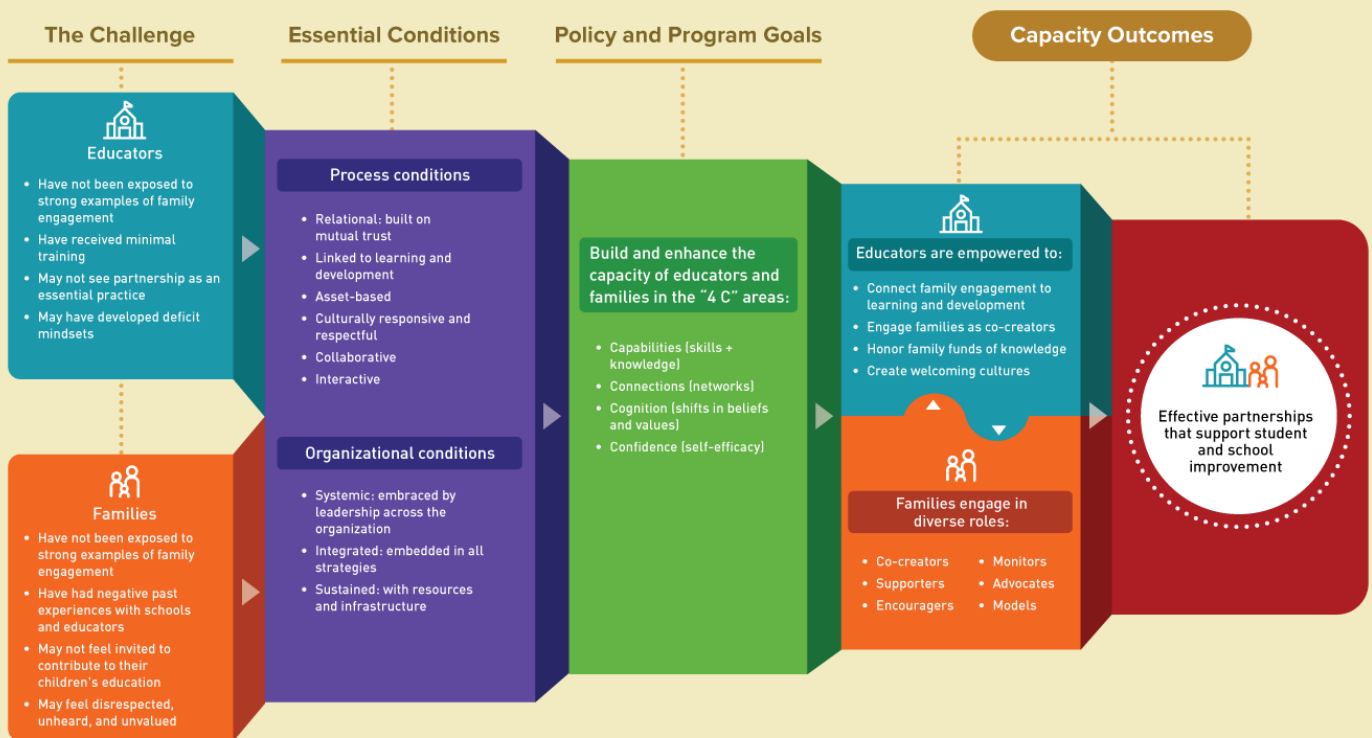
- Engaging your school community;
- Delivering effective mental health services;
- Creating and sustaining an inclusive school environment;
- Promoting a positive mental health culture, and;
- Making your school a center of learning, wellness, and healing.

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Engage Your School Community

Schools can't provide students what they need unless they first understand what those needs are. Youth and families offer a wealth of knowledge and insights into what students actually want and need to feel supported and thrive. Previous research on parent engagement focused on a one-sided relationship where educators simply relayed information to parents. More recent research has criticized this model for striking an unequal power dynamic and not leaving room to learn from the expertise and wisdom that parents can share with educators.[6]

One of the most recent models of family engagement focuses on shifting power so that both the educators and families raise issues and co-design solutions. This model is often called the Dual-Capacity Building Framework for Family-School Partnerships and can be a powerful tool for educators to authentically partner with families and find ways to better support students.

SOURCE: MAPP, K. L. & BERGMAN, E. (2019). DUAL CAPACITY-BUILDING FRAMEWORK FOR FAMILY-SCHOOL PARTNERSHIPS (VERSION 2). RETRIEVED FROM: WWW.DUALCAPACITY.ORG

Youth themselves are perhaps the greatest resource for schools to better understand and address their students' mental health needs. This includes elementary students, when asked in developmentally-appropriate ways. Californians for Justice, a statewide youth-powered organization, created a student voice continuum (pictured below) that shows how schools can share power and ownership with students when crafting mental health practices and policies.

Student Voice Continuum
STUDENT POWER

STUDENTS AS BYSTANDERS ←————————————————————→ STUDENT GOVERNANCE

Stance Towards Youth	Inform	Consult	Involve	Collaborate	Lead Together
Impact	Reproduce Inequities	Tokenization	Voice	Delegated Power	(Shared) Ownership
Goal	Provide youth with relevant information.	Gather input from youth.	Ensure youth needs and priorities are part of the process & solution.	Ensure youth capacity to play a leadership role in design and implementation of decisions.	Democratic participation and equity through shared leadership, & decision-making.
Message	*"We will keep you informed."*	*"We care what you think."*	*"You are making us think (and therefore act) differently about the issue.."*	*"Youth leadership and expertise are critical to how we address the issue."*	*"We cannot unlock transformative solutions without you."*
Racial Equity **BIYOC** = Black, indigenous, youth of color **Underrepresented, intersectional** = youth of color that also identify as immigrant, multi-lingual, Queer and Transgender, foster care, systems-impacted, unhoused, or as youth with disabilities	Communication materials are distributed widespread without targeted outreach to BIYOC.	Multiple rounds of widespread BIYOC engagement events and activities are conducted through a variety of methods (such as surveys, focus groups, and town halls).	Targeted engagement of BIYOC and underrepresented, intersectional youth engage in events to share their unique needs and priorities.	BIYOC and underrepresented, intersectional youth co-lead with adults to engage other BIYOC and stakeholders in the decision-making process and have some decision-making power. Training and support is provided for youth to participate meaningfully.	BIYOC and underrepresented, intersectional youth have significant or full leadership and decision-making power. They collaborate with adults as equals. Training, supports and financial resources are provided for youth to lead meaningfully.
Activities	Online information postings, fact sheets, presentations, open houses	Focus Groups/Surveys, Community Forums, Public Comment	Youth Advisory Committees, Students on Hiring Committees	Youth on school wide decision making committees or as members on boards or school site councils, youth task force, partnering with a community organization to engage and support youth	Participatory Budgeting, youth-led funding decisions, youth-led initiatives or campaigns, partnering with a community organization to have youth lead

Adapted from:
Youth Voice adaptation of "Spectrum of Community Engagement" by Rosa González of Facilitating Power, in collaboration with Movement Strategy Center and the Building Healthy Communities Initiative.
Toshalis, Eric & Michael Nakkula. 2012. Motivation, Engagement, and Student Voice: The Students at the Center Series. Boston, MA: Jobs for the Future. http://www.studentsatthecenterhub.org/resource/motivation-engagement-and-student-voice.

Californians for Justice

SOURCE: CALIFORNIANS FOR JUSTICE

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IN THE NEWS

Oakland Unified School District (OUSD) in the Bay Area elects two student directors to participate in its school board decisions and meetings.

Read more here.

East Side Union High School District (ESUHSD) in San Jose, CA partnered with a local CBO, Californians for Justice, to help create space for youth voice and leaders to participate in the district's LCAP process.

Read more here.

IMAGE CREDIT (LEFT): AMIR AZIZ, SOURCE (LEFT): THE OAKLANDSIDE; IMAGE CREDIT (RIGHT): CFJ, SOURCE (RIGHT): UCLA CENTER FOR THE TRANSFORMATION OF SCHOOLS

Some ways that California districts have formally incorporated youth voice and power into their school community engagement efforts include creating youth leader seats on school boards or partnering with CBOs that offer expertise in building and mobilizing youth-power.[7] Schools may also want to explore creating youth councils as a mechanism for students to drive school policy.[8]

While it's important to engage with your individual school community to assess its unique strengths, challenges and opportunities, various nonprofit organizations and government agencies have surveyed the mental health needs of a cross-section of California students. Reviewing the information they have gathered may be a helpful starting point for educators and administrators to understand and assess the mental health challenges of students in their own community. Please see the table below for links to recent reports and their key findings, but note that these resources should *not* take the place of actual engagement with students and families in your own school community.

RECENT REPORTS
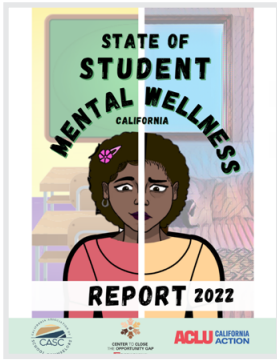
ACLU CALIFORNIA ACTION, CALIFORNIA ASSOCIATION OF SCHOOL COUNSELORS, & CENTER TO CLOSE THE OPPORTUNITY GAP

## [2022 State of Student Wellness Report](#)

- Therapists, psychologists, social workers and other mental health professionals have high caseloads, impacting the quality of services students receive.
- Sixty-three percent of students reported an emotional meltdown and forty-three percent of students reported experiencing a panic or anxiety attack.
- During the pandemic, students reported social relationships with others, positive outlets (like art, sports or journaling) and socio-emotional support most helped them cope.
- California should seek student voice and input as it continues with its historic investment and transformation of mental health care.
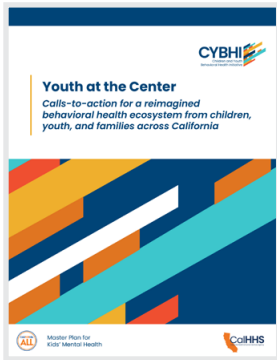
CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE, CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

[Youth at the Center: Calls-to-action for a reimagined behavioral health ecosystem from children, youth, and families across California](#)

- Addressing stigma is a foundational first step.
- Youth want "self-determination," not "empowerment" (i.e. youth drive decisions for what is right for them at the individual and community level and have true partnership in engagement efforts, as opposed to simply asking them what they want).
- Culture is healing.
- Rethink treatment. Peers and lay people offer important mental health support to youth.
- We need to build a representative workforce and provide services before youth reach a crisis.
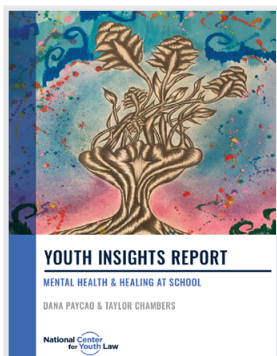
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[Youth Insights Report](#)

- Many young people are incredibly knowledgeable about mental health and well-being, and have a sophisticated understanding of their own needs and healing strategies.
- Many youth value having trusted adults at school. Authenticity, vulnerability and showing that you care were some of the best ways for adults to build trust among students.
- Many young people want their schools to do more to support student mental health and well-being.
- Many youth are concerned about the confidentiality and privacy of information that they share about their mental health at school.
- Many youth experience a large amount of academic pressure and feel overwhelmed by the volume of schoolwork they are expected to complete.

"I personally struggle with finding mental health resources, I get most of my mental health information from the internet/online which is sometimes lacking since it's not individualized."

—High School Student

SOURCE: YOUTH INSIGHTS REPORT

"I think most students feel that they can't completely talk to counselors. That they have to walk on eggshells."

—High School Student

SOURCE: YOUTH INSIGHTS REPORT

"I can't think of the last time we've really learned anything about mental health in the classroom."

—High School Student

SOURCE: YOUTH INSIGHTS REPORT

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"I wish I had more support at school, I have had 3-4 therapists who have left mid-session from school and had to repeatedly start from scratch which has been frustrating. I recently tried reaching out for therapy and was told I had to be on a waitlist which I feel is unfair because they are not prioritizing my mental health needs."

—High School Student

"I wish I had like a 24-hour support at my school just in case I have some kind of mental break down."

—High School Student

Some students, especially students of color, students who identify as LGBTQ+ or students with disabilities, may not feel safe and supported at school. As a result, they may not want to participate in engagement programming or events that require them to be on campus before or after classes or engage with the school community for any longer than needed. Other students may feel they lack the financial, political or social capital to engage in these types of opportunities. These barriers are important to keep in mind as you craft your student engagement strategies. It may also be important for schools to consider how these barriers, if they exist for students, may also impact the overall supportive school environment. For example, if a student does not feel safe enough to participate in an engagement activity, is that student feeling safe in the school overall? Below you can find a list of common barriers to consider and discuss with your team, and possible solutions to adapt for your school community. You'll also find a checklist tool developed by the Carnegie Corporation to help evaluate whether your team is incorporating values that inspire trust as you collaborate with students and their families.[9]

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COMMON BARRIERS TO YOUTH ENGAGEMENT & SOLUTIONS

Issue or Barrier

Solutions to Consider

Students do not feel safe participating in the engagement at school.*

*Note: If a school identifies this as an issue in its community, it needs to take measures to address its overall school culture and climate so that all students are and feel safe at school. The solutions described in this chart are merely meant to be steps a school can take to help its students feel more comfortable participating and sharing their expertise, as the school works on more comprehensive solutions to improve its overall climate and culture.

- Schools can hold in-person meetings in community spaces where students may feel more comfortable
- Schools can hold virtual meetings where students have more options for how they would like to participate (by phone, chat, off-camera, from the comfort of their home, etc.)
- Schools can set clear expectations and use affirming language to describe the purpose of their student engagement efforts
- Schools can ask for feedback in spaces that students feel safe, like extracurricular or sports activities, club settings, advisory room groups, etc.

Students do not trust school staff leading engagement efforts.

- Schools can enlist the help of other trusted staff to help facilitate conversations
- Schools can bring in an interpreter, bilingual staff member or peer support to act as a liaison to help build trust between the facilitators and students
- Schools can partner with community-based organizations that have expertise in cultivating youth voice, positive youth development or youth advocacy
- Schools can implement activities that help build trust (e.g. a "getting to know you" survey that students take at the beginning of the year, one-on-one scheduled check-ins with students, or building classroom agreements)

Students told us that even teachers asking "how was your weekend" and giving their class space to talk about things outside of school helped build trust.
SOURCE: YOUTH INSIGHTS REPORT

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Students are wary of how the information they share will be used.

- Schools can be transparent with youth about how their insights will be used and how they will not be used
- Schools can be transparent about whether a student's individual identity will be associated with the information shared
- Schools can create opportunities for students to ask questions about how their information will be used before they begin engagement sessions

Students that are struggling the most may be the least likely to participate in engagement efforts.

- Schools can develop plans[10] to engage with students that are disconnected or disengaged from school
- Schools can engage in targeted outreach to students when they are reengaged with school and have more capacity

Students do not have the financial, time, or social capital resources necessary to effectively participate.

- Schools can send students materials ahead of time to review, adopt materials into more youth-facing or youth-friendly formats, or meet with students separately to answer questions or bring them up to speed on existing initiatives
- Schools can ensure that youth meetings are scheduled at convenient times for student schedules (e.g. lunch, zero period, after the school day, etc.)
- Schools can partner with other community-based or advocacy organizations that might be able to compensate youth for sharing their time and expertise

Youth also shared with us that another way adults can build trust is to be clear with students on their reporting responsibilities. Otherwise, some young people shared that they felt like school staff asked them to share their "business" and then they "snitch," discouraging them from talking with adult supports at school in the future.

SOURCE: YOUTH INSIGHTS REPORT

Relational Trust Checklist:

☐ **RESPECT**

Am I seeking input from, and do I listen to and value, what all youth and families have to say?

☐ **COMPETENCE**

Am I demonstrating to all youth and families that I am competent and that I see them as competent and valuable caretakers?

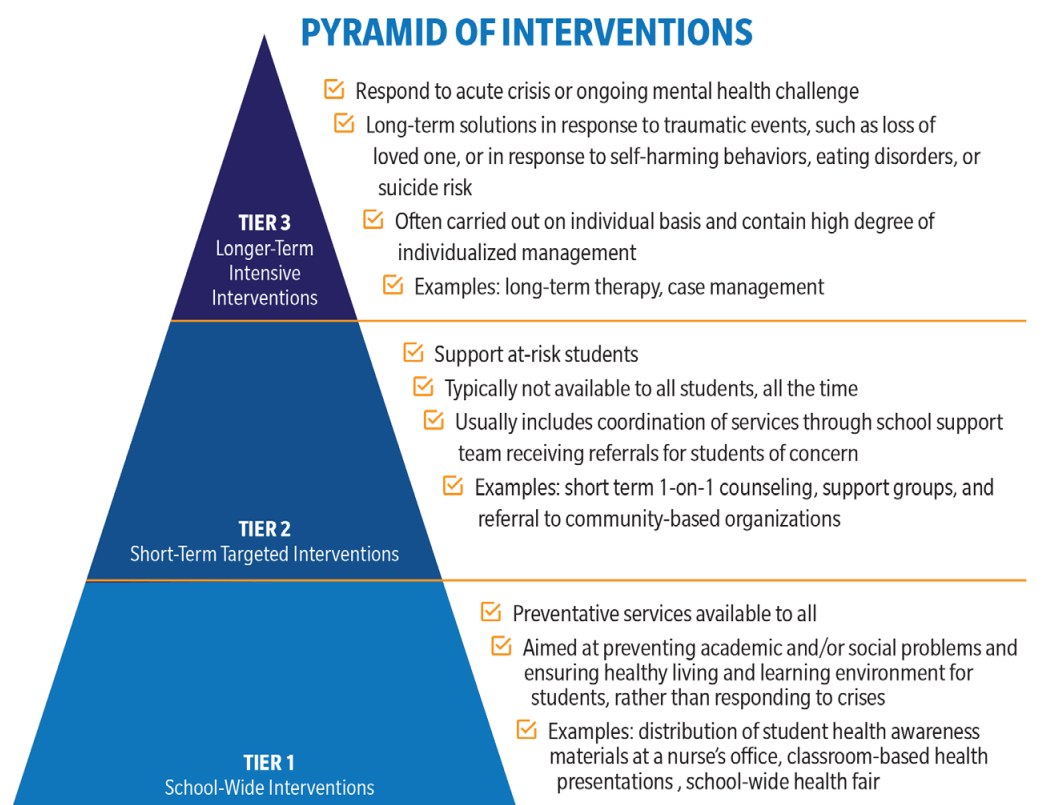☐ **INTEGRITY**

Do I keep my word with youth and families?

☐ **PERSONAL REGARD**

Do I show youth and families that I value and care about them as people?

SOURCE: CARNEGIE CORPORATION

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Deliver Effective Mental Health Services

There are a variety of ways that schools can deliver social, emotional and mental health services. In California, many schools organize their services into a tiered system called a Multi-Tiered System of Support (MTSS).[11] At its core, MTSS focuses on providing universal services to all students, short-term and targeted interventions to a smaller group of students, and longer-term more intensive interventions to an even smaller group of students. Some examples of what these tiers might look like are included in the MTSS graphic below. Note, however, that in practice the degree to which a school site is implementing MTSS at all three levels varies by time and resource constraints.

PYRAMID OF INTERVENTIONS

TIER 3
Longer-Term Intensive Interventions

☑ Respond to acute crisis or ongoing mental health challenge
☑ Long-term solutions in response to traumatic events, such as loss of loved one, or in response to self-harming behaviors, eating disorders, or suicide risk
☑ Often carried out on individual basis and contain high degree of individualized management
☑ Examples: long-term therapy, case management

TIER 2
Short-Term Targeted Interventions

☑ Support at-risk students
☑ Typically not available to all students, all the time
☑ Usually includes coordination of services through school support team receiving referrals for students of concern
☑ Examples: short term 1-on-1 counseling, support groups, and referral to community-based organizations

TIER 1
School-Wide Interventions

☑ Preventative services available to all
☑ Aimed at preventing academic and/or social problems and ensuring healthy living and learning environment for students, rather than responding to crises
☑ Examples: distribution of student health awareness materials at a nurse's office, classroom-based health presentations , school-wide health fair

MTSS is often conceptualized as a pyramid structure, with Tier 1 representing the base of the pyramid with universal services provided to students generally, Tier 2 representing the middle level of the pyramid with services provided to a subset of students, and Tier 3 representing the top of the pyramid, with services provided to a narrower subgroup of high-needs students.

Graphic adapted with permission from the California School-Based Health Alliance (CSHA)

SOURCE: CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE

For more examples and in-depth information about the different types of mental health services please see pages 17 to 27 of our School Mental Health 101 Primer or the "Where to learn more" section of the toolkit.

Regardless of the type of services that are delivered to students, supportive schools strive to ensure that school-based or school-linked mental health services are **trauma-informed**, **culturally responsive**, and **center youth**. Please navigate to the next subsections to learn more about each principle.

TRAUMA-INFORMED

Trauma-informed care shifts the orientation from a punitive approach ("What's wrong with you?") to a therapeutic approach ("What happened to you?").[12] Researchers often define a trauma-informed approach by the "four R's" - realize, recognize, respond, and resist retraumatization.[13] Some examples of how the "four R's" can be applied in school settings include ensuring classroom curriculum that discusses racism is not taught in the past tense only, ensuring that educators and staff do not track students based on perceived academic ability and unintentionally label them as "'not smart,'" or ensuring the school does not adopt policies that might embarrass a student for speaking too loudly in the hallway or stepping out of line.[14]

What is trauma?

According to the National Child Traumatic Stress Network, traumatic events occur when youth:

- Experience a serious injury or witness a serious injury or death of someone;
- Face imminent threats of serious injury or death to oneself or others; or
- Experience a violation of personal physical integrity.

Youth experience traumatic stress when their exposure to the trauma "overwhelms their ability to cope with what they have experienced." Traumatic stress may make it more difficult for a young person to focus on school and learning or regulate their emotions.[15]

Educators in a supportive school also understand that in addition to individual trauma, a student may experience **historical** or **community-wide racial trauma**. Historical trauma is experienced by entire communities.[16] It is the "cumulative emotional and psychological wounding, as a result of group traumatic experiences, transmitted across generations within a community" and often involves grave assaults on a group's culture and well-being.[17] This is sometimes referred to as intergenerational trauma. Examples may include the colonization, genocide and racialized state violence that Black, Indigenous and Latinx communities have experienced over centuries. Racial trauma results from exposure to racism or discrimination.[18] Common reactions to racial trauma may include students acting with "increased vigilance and suspicion [or] increased sensitivity to threat."[19]

How might trauma show up in my classroom or school campus?

The National Child Traumatic Stress Network has put together a series of resources for educators. Most notably, the Child Trauma Toolkit for Educators offers brief examples of how trauma might manifest in preschool, elementary, middle and high-school aged youth. If school sites or districts are looking for additional guidance on how to incorporate a trauma-informed approach in their existing service delivery structure, they might consider the resource, Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework.

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How can schools support students who have experienced trauma?

According to researchers, schools can implement five strategies to create learning environments that are trauma-informed. Schools should:

1. Cultivate a trusting, caring and responsive relationship with students;
2. Create a safe and predictable learning environment;
3. Identify triggers in the classroom that might activate a student's stress-response, like sudden loud noises or unexpected adults visiting the classroom;
4. Strengthen students' self-regulation and self-esteem by using positive behavioral supports and social-emotional learning strategies; and
5. Engage in self-care for educators and staff so they can maintain the energy they need to be a compassionate and supportive presence for students.[20]

Examples of how these strategies can be successfully implemented include giving supportive feedback (i.e. a compliment sandwich), providing predictability through a class schedule or agenda, greeting students at the classroom door and asking them about a topic unrelated to school, or giving directions in a way that allows students to have a choice (i.e. "do you want to start or end our line?" instead of "line up").[21] Other approaches schools might consider adopting are creating "calming corners" or "meditation rooms" where students can go to practice self-regulation strategies, revising punitive school discipline policies targeting behavior that may in fact be a trauma response, or implementing mindfulness practices in the classroom.

CULTURALLY RESPONSIVE

Culturally responsive staff and educators are crucial to delivering effective mental health support or services to students.[22] A culturally responsive educator, administrator or provider is someone that "respond[s] respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth."[23] At baseline, supportive adults consider context and culture when developing classroom curriculum, responding to a crisis or counseling a student for ongoing symptoms of anxiety or depression.

While the degree of cultural responsiveness may vary, students are likely to get more out of the intervention or instruction if it is more deeply rooted in a rich understanding of culture. For an example of how student experience may vary depending on different approaches to cultural responsiveness, please see the excerpt describing classroom instruction to the right.

Excerpt from Culturally Responsive Education: A Primer for Policy and Practice

"For instance, two teachers may observe an interest in hip-hop in their students but approach that interest in completely different ways, adjusting their instruction to meet the interest. The first may decide to add hip-hop to the classroom by referencing famous artists from the genre throughout their teaching of content. The other teacher may decide instead to center hip-hop and allow students to learn curricular content by using hip-hop structure and format, using battling techniques or cyphers as vehicles for learning. A teacher looking to center hip-hop as pedagogy could also center the additions to hip-hop, both in content and structure, that the youth culture in their own classrooms are currently creating, making the utilization of hip-hop pedagogy transformative rather than essentialized to names from pop culture as a means for teachers to "pass" as "cool" (cf. Emdin, 2016).

These examples require different definitions of culture and consequently different depths of engagement with student culture on the part of the teacher. In the first example, culture is a token: something that can be sprinkled into instruction to bridge the gap between school culture and student culture by "relating" to students "on their level." In the second example, rather than simply employing icons from a style of music the teacher does not fully grasp, the teacher recognizes that, for her students, hip-hop embodies a deeper understanding of culture as a way of processing and communicating information. The students of the latter teacher will gain more from their learning than the first."

A crucial component of supporting cultural responsiveness in schools is recruiting, hiring and retaining teachers, mental health providers, and other school staff that are from the same communities as students and families in the school and have a wide range of lived experiences, cultural backgrounds and identities. Researchers suggest school districts use the following nine strategies to better sustain a diverse educator workforce:

1. Use data to predict staffing needs and determine which communities are underrepresented in your workforce;
2. Build institutional partnerships (e.g. a school district and teacher preparation program);
3. Use relationship-based recruitment (e.g. school districts or sites can build relationships with local higher education institutions to share job postings and opportunities)
4. Hire early;
5. Train staff involved in hiring on implicit bias;
6. Use multiple measures to evaluate candidates qualifications;
7. Place educators intentionally to set new educators up for success;
8. Design and implement high-quality professional learning opportunities to support educators and;
9. Develop leaders.[24]

For additional resources on culturally responsible education and teaching please see: NYU's Culturally Responsive Education Hub, Valuing Student Experiences: An Introduction to Culturally Responsive Education (CRE), Diversifying the Teaching Profession: How to Recruit and Retain Teachers of Color, or 9 Strategies for Recruiting, Hiring, and Retaining Diverse Teachers.

School spotlight: Fresno's solution to recruit a more diverse educator workforce

The Fresno Unified School District has a long-standing residency program with local universities and colleges that enroll teacher and paraprofessional credential candidates from a diverse set of backgrounds and experiences.

Other districts in the county, like Central Unified, have established a Teachers of Color pipeline to support its students to become teachers in their home district. [25]

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YOUTH-CENTERED

Effective mental health services are youth-centered. This is important at both the individual and school-wide level. For example, when discussing mental health support at an IEP meeting, a young person's wants and needs should drive the conversation and service provision planning. Or if a school has received a grant to use funds towards additional mental health services, school leaders should engage their student community (see the Engage Your School Community section) to see what services they might be most inclined to use.

In order to be effective advocates and thought partners, students may need support developing a baseline understanding of, and vocabulary surrounding, mental health and well-being. There are plenty of resources to build youth's knowledge of their rights around mental health, like the ACLU's My Rights student series or NAMI's Take Charge of Your Mental Health guide and quick reference aimed at students. Current law also requires middle and high schools that offer health classes include in those classes material and content on mental health. The California Department of Education is currently working to develop guidelines and implementation assistance to help schools meet this requirement and spark robust conversations with their students.

For younger students, the Child Mind Institute has developed a series of developmentally- and age-appropriate videos to help students learn the language they need to express their emotional needs and ask for help when needed. These resources are available on its website here, along with additional video resources developed for older students and staff here.

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Honor Student Privacy and Confidentiality

WHY HONORING STUDENT CONFIDENTIALITY MATTERS

Privacy is a "prerequisite for trust,"[26] and trust is essential to the therapeutic alliance between a provider and patient. Transparency about when information will be protected and when a provider may want or need to share information fosters trust, as does empowering patients with as much autonomy (control and decision-making authority) as possible related to disclosures. Because there may be different expectations of privacy in educational settings and health settings, establishing trust between students and health care providers on campus is crucial to fully realizing the benefits of school-based and school-linked mental health services and support. Without trust, students may be wary of accessing mental health support at school because they worry that information will be improperly shared with others or used for inappropriate purposes without their consent or knowledge. Youth in our focus groups repeatedly told us that not knowing how and with whom mental health information will be shared has a chilling effect on students asking for help or seeking services at school.[27] Students' families may also be wary of how information disclosed in a health encounter may be used against them in the educational setting.

Of course, the ability to share health information and coordinate across systems can be an important means to support students' education, connect them with services, protect their health, and avoid or mitigate harm. Sharing can also help to protect the health and safety of others in the school and community. However, it is often possible to accomplish these goals in a way that still supports trust, transparency and safety. To ensure students feel comfortable accessing the services available to them, schools must proactively implement best practices to help alleviate students' fear and concerns around confidentiality, build trust, and honor student privacy, so that young people can safely use their school's mental health resources.

WHAT HONORING STUDENT CONFIDENTIALITY CAN LOOK LIKE

Make sure everyone understands which confidentiality laws apply to health information.

Many laws can affect the confidentiality of information created and recorded at school. Two of the most central are the privacy regulations under the **Health Insurance Portability and Accountability Act (the HIPAA Privacy Rule)** and the **Family Education Rights and Privacy Act (FERPA)**. Whether HIPAA or FERPA applies to the information created when mental health services and supports are provided to students on a school campus influences when, how and to whom disclosures can be made, who has a right to access records as well as when a release for disclosure is necessary, and who must sign such releases. In addition, there are state laws, and in some instances, licensing regulations that also help determine how student confidentiality must be maintained. It is important that all are aware which laws apply to the mental health service or support provided to students on a school campus so that practitioners can confidently work with students and clearly communicate to them and their families how their privacy will be protected, as well as the limits of privacy. It is also critical that the professionals on campus have a clear understanding about what can and cannot be shared between them, or with third parties, absent a signed release.

Make sure everyone understands the value and impact of confidentiality.

You and your school community cannot honor student confidentiality if school staff are not confident in what it means and how it affects their work. Schools should ensure that staff have the training and resources they need to understand the laws, why confidentiality is important to the young people and families they serve, and how honoring confidentiality can improve outcomes.

Make sure everyone understands that different staff may be subject to different rules or laws depending on their role and the services they provide.

For example, teachers, school nurses, and third party mental health providers offering services on campus all may be operating under different confidentiality and disclosure rules. It is important to realize that in many cases, no single blanket confidentiality rule applies at schools. This is important to understand so that everyone knows the implications of sending a young person to talk to another staff member and recognizes that one person's reporting or disclosure duty may differ from theirs, depending on which rules apply to them.

Implement confidentiality policies and practices that promote trust, safety and transparency.

In addition to developing policies and practices that comply with all applicable confidentiality laws, it also is important to consider what policies and practices will help ensure the best health outcomes by supporting autonomy, transparency, and trust. No matter which confidentiality laws apply, it is possible to implement confidentiality practices that support trust, safety and transparency. Some examples:

Empower young people and families.

- Obtain consent for disclosure whenever possible, even if authorization is not necessary under the applicable confidentiality law. While both HIPAA and FERPA include exceptions that allow schools and health providers to share information without the student's consent at times, these are discretionary rather than mandatory exceptions in most cases - meaning the information may be disclosed but is not required to be disclosed. It is possible to adopt policies that encourage obtaining consent.
- Ensure communications about confidentiality and disclosure are user-friendly and clear.
- Treat information shared as sensitive even if it is not protected by a confidentiality law.

- Empower teachers and staff to offer confidentiality. Teachers and staff should anticipate that students expect a trusted adult to keep the information the young person shares with them confidential unless it involves a safety concern or the staff explicitly mentions that this is not a confidential conversation. When possible, teachers and staff should be able to keep what the student told them confidential and not have to disclose without the young person's permission.

Be transparent with young people and families.

- Encourage school providers to notify students and families of the privacy protections and the limits to privacy at the time they receive health services or counseling.[28] This is a best practice that helps meet students' reasonable expectations of privacy and gives them agency to decide what to disclose to the provider based on the privacy implications or limitations.

- Explain the privacy protections and limits of privacy when a young person shares information with a teacher or other trusted adult on campus.

- Explain the purpose of disclosure to the youth when seeking permission to share.

Take actions to build trust with youth and families.

- When determining whether or not to share information, consider the impact of sharing. The Department of Education recommends that when considering disclosure of student medical information, "institutions give great weight to the reasonable expectations of students that the records generally will not be shared, or will be shared only in the rarest of circumstances, and only to further important purposes..."[29]

- If you need to disclose, tailor disclosures narrowly to the minimum amount of information necessary to serve the purpose of disclosure.

- If you need to disclose and permission to disclose is not obtained, share the disclosure with the student and/or family as soon as possible, either before or after it occurs.

- Create confidential spaces. Take care that sensitive information can be shared in a more confidential space (i.e. counselors should speak with youth in a private space rather than an open office where other staff or students can overhear the conversation).

Address common confidentiality and disclosure questions in your policies and practices. Frequently asked questions may include:

- What is the difference between IEP records and mental health records?

- What happens to health information disclosed to the school from a third party provider? Does it remain protected?

- What confidentiality laws apply to mental health information generated at a school site?

- What are the confidentiality rules for conversations between students and school staff?

- What information may, must, and cannot be shared with parents and guardians?

Where to learn more

Some of the laws that are important to understand are the Health Insurance Portability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and state confidentiality laws. To learn more about these laws and their application, please see HIPAA or FERPA? A primer on Sharing School Health Information in California and A California Guide for Sharing Student Health and Education Information. For more specific legal guidance on application of these laws and for assistance developing confidentiality policies, please reach out to your school district's legal counsel.
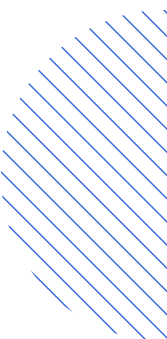
Create and Sustain Inclusive Practices

All students should feel connected and safe at school. It is especially important that schools take affirmative steps to create a school environment that includes and centers experiences of students from marginalized communities and that recognizes the additional systemic barriers these young people often face in receiving the care and support they deserve. A supportive school climate helps ensure that students can ask for help when they need it, share their feelings or needs with a trusted adult or peer, and more fully enjoy their educational experience.[30] However, school can also be a source of trauma, stress, or well-founded fear for some students, with students from marginalized communities often carrying a disproportionate share of this burden. This can further exacerbate mental health issues and create additional barriers for all students to access a school environment where they feel connected and safe. Schools should pay unique attention to the needs of students of color, students that are part of the LGBTQ+ community, and students with disabilities.

CONSIDERATIONS FOR STUDENTS OF COLOR

Students of color face disproportionate rates of mental health crises like suicide and have lower rates of treatment than their white peers. Black and Latinx youth were about 14% less likely than white peers to receive treatment for their depression in 2020,[31] and suicide rates for Black youth ages 5-12 were nearly twice as high as their white peers when comparing data from 2001 to 2015.[32] Suicide among Native youth is 3.5 times the national average, and in 2019 suicide was the leading cause of death for Asian or Pacific Islander youth ages 15-24.[33]

Students of color often experience additional stigma regarding mental health needs within their family or community. The systemic oppression and racism that many communities of color have experienced, and continue to experience, has created not only intergenerational and community-wide traumas, but has also meant that people of color have not always had the safety to acknowledge or express their mental health needs. Many youth and families may have a warranted mistrust of public systems, including the mental health care system, contributing to the stigma youth face.[34] Youth that participated in our focus groups felt these effects. They often spoke of how they feared their "community" or "culture" would not understand their mental health concerns because of stigma or lack of community awareness. This stigma prevented some students from talking with their parents or family about their mental health and led to increased anxiety about whether their parents might find out if they sought mental health counseling or support at school.

Some students of color also may be less inclined to speak with a mental health professional at school for a number of reasons. Students of color may be more worried that their disclosure to an adult at school could harm their family or lead to increased surveillance by child protective services, immigration or law enforcement agencies.[35] With a shortage of providers of color, they also may feel like the mental health professional cannot relate to or understand their cultural identity or living situation.[36] Many youth of color have discussed culture as healing, yet our current mental health care model too often does not recognize or integrate culturally-rooted practices into its interventions or care.[37]

Other students might find certain mental health practices oppressive or disconnected when not rooted in appropriate sociopolitical context. For example, some researchers have argued that if social emotional learning (SEL) techniques aren't taught in a way that squares with students' experiences it can just become "white supremacy with a hug."[38] However, when taught and implemented with this context in mind, "social emotional learning (SEL) skills can help us build communities that foster courageous conversations across difference so that our students can confront injustice, hate and inequity."[39] For additional resources on a more liberatory approach to SEL, please see Liberated_SEL hub. For tools and strategies to better serve students of color, see Youth-Centered Strategies for Hope, Healing, and Health, the Immigrants Rising mental health page, or the Strength in Communities toolkit.

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CONSIDERATIONS FOR STUDENTS IN THE LGBTQ+ COMMUNITY

Heartbreakingly, nearly 1 in 5 transgender and nonbinary youth attempted suicide in the last year and almost half of all LGBTQ+ youth seriously considered attempting suicide in the last year.[40] However, recent surveys show lower rates of attempted suicide among LGBTQ+ youth that felt their school was gender-affirming.[41] It is crucial that schools provide a gender-affirming space and inclusive school climate for their LGBTQ+ students as youth in this community face significantly disproportionate rates of suicide and other mental health crises than their peers, "not because of their sexual orientation or gender identity but. . .because of how they are mistreated and stigmatized in society."[42]

To address the needs of students who identify as LGBTQ+, many organizations have created resources to aid educators in affirming their students' gender identities. For example, one toolkit breaks down common assumptions about gender and provides a gender menu that can be adapted to meet your school community's needs.[43] The Gay, Lesbian, Straight, Education Network (GLSEN) provides a pronoun form that teachers and staff educators can use to ensure they're using the student's preferred name and gender, and the Trevor Project has created a youth-friendly article on understanding gender identities.

For more tools and strategies to serve your school's LGBTQ+ community, please see the recent report Moving Beyond Change Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth. Section 2 of the report is specifically directed at school-based interventions, and section 3 identifies steps to improve the behavioral health of youth that is applicable to educators and school staff.

Resources for Families and Communities Organized by Region

The California Department of Education has compiled a list of regional organizations and guidance to support LGBTQ+ youth. Find your region's resources here.

CONSIDERATIONS FOR STUDENTS IN THE DISABILITY COMMUNITY

Recent studies show that people with disabilities are more likely than those without disabilities to report suicidal ideation.[44] In the context of mental health, some students who are newly diagnosed with a disability may face additional anxiety or uncertainty around how their disability may impact their life. Some students from our focus group sessions expressed that they feel apprehensive to share their disability status or diagnosis with their peers and worry about possible stigma. Other students shared how they felt a sense of relief upon learning of their disability and saw their diagnosis as an important first step in better learning and understanding their needs and which strategies work best for them. It's important for educators and staff to realize that students in their classroom may be grappling with this new piece of information about their identities, and actively work to support building a classroom environment that does not tolerate discrimination or bias towards people with disabilities. Additionally, some students shared that they wished their school's process of receiving disability accommodations was easier to navigate and more widely shared with the school community.

Some students with disabilities may also face additional barriers to access in-person mental, social or emotional health services or supports because of their disability. Offering virtual options for programming and/or exploring telehealth options in your school's service delivery model can help make services more accessible. For more information please see 7 Principles for Serving Students with Disabilities & Intersectional Identities through Social Emotional Learning Approaches and Telehealth and Children of Color with Special Health Care Needs: Lessons from the Pandemic.

For further guidance to strengthen the climate of your school community, please see the Learning Policy Institute's recent report, Creating Identity-Safe Schools and Classrooms.

Promote a Positive Mental Health Culture

School communities should proactively promote a positive culture around mental health. Stigma has a significant chilling effect on access to mental health supports. How your school community talks (or doesn't talk) about mental health impacts how comfortable students might feel to seek help, access services, or share their mental health concerns at school. Schools can decrease mental health stigma on campuses by providing students with opportunities to talk and learn more about mental health.

MENTAL HEALTH EDUCATION IN K-12 SCHOOLS

In 2021, California passed Senate Bill 224, mandating that middle and high school health classes include mental health instruction in the curriculum. The law is codified in Education Code section 51925 and the California Department of Education, along with other stakeholders, should soon issue implementation guidance to meet the new law's requirements and help students learn about mental health.

Many of the students in our focus groups discussed how helpful it would be if they had received more information about mental health in schools. Other students shared that in order to get students on board with instruction or conversations about mental health, it is critical that the educator or staff member presenting the information is compassionate and trained in the practices they are teaching. For example, one young person described a presentation her class received on social-emotional learning (SEL) that turned her and her peers off to the concept. She said in theory SEL seemed fine, but the staff member presenting the information was an academic counselor who lacked a mental health background and said harmful things about mental health that reinforced existing mental health stigmas.

"I don't feel equipped as a teacher to teach [mental health curriculum]. A lot of students have real problems and I want to make sure I give real sound advice and support, but I don't necessarily know what that looks like."

—Middle School Teacher

PEER-TO-PEER SUPPORTS

Another way to decrease stigma is to create safe and supportive systems for youth to talk with their peers about mental health. Many of the students in our youth engagement sessions expressed real excitement about the recent surge of peer-to-peer mental health support programs.[45] They shared that it was invaluable to speak with someone who they could relate to and often helped normalize what they were going through. The California Children's Trust released a report on expanding peer-to-peer programs in schools to address the growing youth mental health crisis, Youth Supporting Youth. This report elevates how school peer supports can offer solutions to common barriers that prevent youth from accessing mental health support, like not feeling comfortable talking with an adult, not having transportation to access off-campus services, and not having someone to talk to that shares aspects of their identity because of a shortage of culturally competent providers from a diverse range of backgrounds.[46]

To get started on adopting a peer-to-peer program for youth ages 14-17, the California Children's Trust recommends that schools plan for three primary costs: "1) a clinically informed adult ally who can provide program oversight, 2) a train-the-trainer program to ensure sustainability and fidelity, and 3) student stipends and operational costs."[47] The report goes on to describe potential funding streams to fund these components (page 18) as well as essential elements for the programs that school leaders should consider before implementing one on their campus (page 9).

STUDENT-LED MENTAL HEALTH GROUPS

Student clubs or groups that focus on mental health awareness or education campaigns on school campuses are another way that students can harness power to promote student well-being and decrease stigma in their school community. Examples of these types of groups include NAMI On Campus and Bring Change to Mind chapters.

OTHER STRATEGIES

Other strategies to decrease stigma include: using non-stigmatizing language to talk about mental health; ensuring students know where they can access support (i.e. post information about 988 or other mental health hotlines around school); and honoring applicable confidentiality rules so that students feel safe expressing their feelings and needs with trusted adults. For an example of a flyer listing hotlines, warmlines and peer support lines, please click here. Note that when sharing information with students about using hotlines or other resources like 988, schools should also include information about potential risks or consequences (i.e. safety situations that could result in possible police involvement, involuntary confinement, report to child protective services, etc.).[48]

National Center for Youth Law

Need support?

hotlines & warmlines for youth

988 Suicide & Crisis Lifeline
Call or text 988

California Youth Crisis Line
Call or text 800-843-5200

CalHOPE Peer-Run Warm Line
Call 833-317-HOPE (4673) for non-emergency support on COVID stressors

Teen Line
Text TEEN to 839863 (6-9 pm)
Call 800-852-8336 to talk to another teen (6-10 pm)

EXAMPLE FLYER LISTING HOTLINES, WARMLINES AND PEER SUPPORT LINES

Make Your School a Center of Learning, Wellness and Healing

The following section contains several different practices and approaches that help students heal, learn and be well. These approaches are not mutually exclusive; they can be used in connection with each other or implemented within other mental health frameworks.

USE A HEALING-CENTERED APPROACH

Dr. Shawn Wainwright first coined the term "healing centered engagement" as a tool to help youth-serving systems, like the education system, more holistically respond to young people's needs and build upon trauma-informed care (i.e. shift from asking youth "What's happened to you?" to "What's right with you?").[49] This approach helps anchor students as agents in their journey to well-being, and moves away from more deficit-based models so that youth are not simply treated as victims of their trauma.[50] The core principles of this type of engagement include: (1) Urging youth who experience trauma to be agents in their own well-being; (2) Viewing healing as the restoration of identity; (3) Focusing on the well-being youth want, rather than the behaviors or symptoms adults want to suppress and; (4) Supporting adults who work with youth with their own healing.[51] This approach differs from trauma-informed care by recognizing trauma as a collective experience and focusing on the conditions or root causes that created trauma in families, communities or schools in the first place.[52]

Adopting healing-centered engagement can help schools be more supportive by "shifting from a culture of harm, discipline, punishment and confinement to restoration, hope, and healing."[53] For more information on how schools can incorporate this approach to support students, please see the teach-in video, From Trauma-Informed Care to Healing-Centered Engagement, pages 7-11 of Crosswalk: Youth Thrive & Healing Centered Engagement or 5 Strategies for Developing a School-Wide Culture of Healing.

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IMPLEMENT RESTORATIVE PRACTICES

Educators may be most familiar with restorative justice circles or think of this targeted intervention as the only way in which a school can implement more restorative practices on campus. However, restorative practices exist on a spectrum and can be delivered across a school's tiered system of support. At their core, restorative practices "proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing" and can take many different forms.[54] Some research has categorized the spectrum of restorative practices as a continuum of formality.[55] An example of an informal practice might be shared vocabulary, while impromptu conferencing would be an example of an intermediate practice, and restorative circles or conferences would be an example of more formal practices.[56] See the chart below for more examples of each type of practice. These examples are adapted from the Learning Policy Institute's research brief, Building a Positive School Climate Through Restorative Practices.[57]

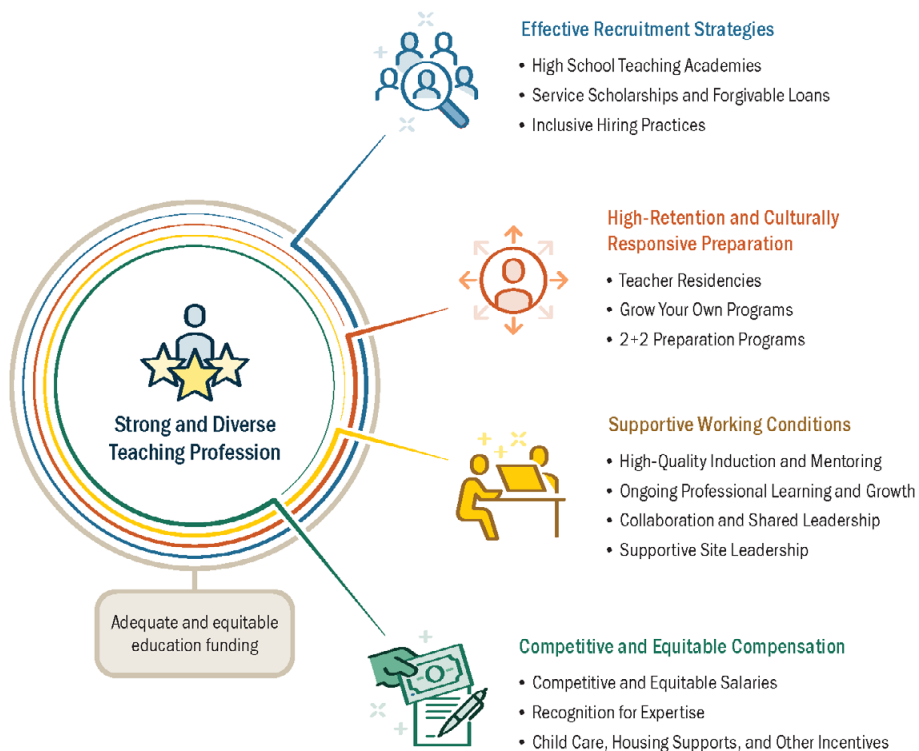| Practice	Example	When is it helpful to use?
Shared Vocabulary	Instead of saying, "you are being disrespectful," try "I felt disrespected when you walked out of the classroom."	Whenever teachers or staff are interacting with students.
Impromptu Conferencing	Asking your student, "is there anything going on with you today that you'd like to share?" or "how can I support you right now?"	When a teacher or staff member does not want to remove a student from a classroom setting but wants to refocus a student's behavior and build a positive relationship.
Restorative Conferences or Circles	Structured processes led by a trained facilitator to serve a specific purpose, may also involve students using a talking piece. For examples of successful restorative justice circles in a school setting, please see the videos available on the Oakland Unified School District's website here.	May be used to help welcome a student back into the community, repair a harm or build community.

SOURCE: LEARNING POLICY INSTITUTE

PRIORITIZE EDUCATOR AND STAFF WELL-BEING

A school must support the adults in its community so they have the capacity and energy to support their students. Recent studies have shown that 4 in 10 educators in California have considered leaving the classroom.[58] California faces a teacher and mental health provider shortage, making it more difficult for teachers, providers and staff to do their jobs.[59] While many of the conversations around school-based and school-linked mental health have centered around the mental well-being of students, it's crucial that district leaders and school administrators recognize that healthy teachers and staff are essential to improve student well-being.

While many of the factors affecting staff well-being are structural (i.e. pay, benefits, housing or childcare costs, etc.), school leadership can still take steps to prioritize teacher and staff well-being.

Key Elements for a Strong and Diverse Teaching Profession

Strong and Diverse Teaching Profession

Effective Recruitment Strategies
- High School Teaching Academies
- Service Scholarships and Forgivable Loans
- Inclusive Hiring Practices

High-Retention and Culturally Responsive Preparation
- Teacher Residencies
- Grow Your Own Programs
- 2+2 Preparation Programs

Supportive Working Conditions
- High-Quality Induction and Mentoring
- Ongoing Professional Learning and Growth
- Collaboration and Shared Leadership
- Supportive Site Leadership

Competitive and Equitable Compensation
- Competitive and Equitable Salaries
- Recognition for Expertise
- Child Care, Housing Supports, and Other Incentives

Adequate and equitable education funding

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SOURCE: PARTNERSHIP FOR THE FUTURE OF LEARNING. (2021). THE TEACHING PROFESSION PLAYBOOK.

National Center for Youth Law

"The COVID-19 pandemic ignited a conversation about the ways in which teacher wellness is essential for student wellbeing. Reactive solutions that focus on teachers' personal habits and strategies to cope with workplace stress are only part of the solution. It is essential that we address the systemic drivers of wellness, including compensation, collaborative decision-making, and professional development, to truly build strong and healthy school communities of adults ready to provide the care our students deserve."

-Robin Detterman, Unconditional Education, Chief Program Officer of Educational Services

How school leaders can help now

Some actionable steps from the field include:[60]

- Schedule planning time for teachers
- Plan for regular and informal check-ins
- Survey teachers and staff and listen to their recommendations
- Provide flexibility in teacher's schedules where you can (i.e. professional development video training can be done at home, papers graded from a coffee shop, etc.)
- Create shared staff agreements

For more information see Building a Strong and Diverse Teaching Profession Policy Playbook.

ADOPT A WHOLE-CHILD APPROACH

A growing body of research shows that a "whole-child" approach to learning positively impacts academic and learning outcomes for students.[61]

This approach "attends to students' physical, social, emotional, and cognitive development," and is defined by guiding principles like "positive developmental relationships; environments filled with safety and belonging; rich learning experiences and knowledge development; development of skills, habits and mindsets; and integrated systems of support."[62]

Many different types of frameworks exist to express the goals of a whole-child approach to learning and your local education agency (LEA) may implement a system or framework that works best for your school community needs.[63] More important is that the chosen framework is implemented to create integrated school-based systems of care. For more information, please see the recent field guide, Supporting California's Children Through a Whole Child Approach, developed by Breaking Barriers, California Alliance of Child and Family Services, Santa Clara County Office of Education, and WestEd.

SOURCE: CDC

How to Sustain Supportive Schools

Partner with Community-Based Organizations, Counties and Health Plans

Schools can't do this work alone. Partnering with county services, health plans, community-based organizations or health clinics, or adopting a community school model are just some of the ways that schools can leverage existing community resources and provide greater care to their students. Please see below for brief descriptions of the different types of partnerships and information on where to learn more.

TYPES OF COLLABORATIVE PARTNERSHIPS

County-School Mental Health Partnerships

School districts can partner with county mental health plans (MHPs) to provide services to students. The service delivery in these types of relationships can take the shape of the co-location of MHP staff at schools, schools acting as a contracted provider of specialty mental health services through an agreement, or an MHP contracting out to a school-based health center. An important source of support for this type of partnership are grants administered by California's Mental Health Services Oversight and Accountability Commission (MHSOAC).

Please see Summaries of County-School Partnerships to Advance School Mental Health, a resource produced by the California School-Based Health Alliance and MHSOAC, for more specific examples from Alameda, Humboldt, Inyo, Monterey, Placer, San Bernardino, and Tulare counties.

Medi-Cal Managed Care Plans (MCPs) and Schools

Historically, there were not robust partnerships between schools and MCPs to deliver mental health services. However, some school-based health centers (SBHCs) have contracts with MCPs to provide mental health services, and the California' Children and Youth Behavioral Health Initiative (CYBHI) has allocated funds to incentivize partnerships between counties, schools and MCPs. Please see Medi-Cal's Strategy to Support Health and Opportunity for Children and Families or the National Center for Youth Law's School Mental Health 101: A Primer for Medi-Cal Managed Care Plans for additional information and examples of this partnership approach.

CBO-School Partnerships

Schools can provide mental health services through partnerships with community-based organizations (CBOs). CBOs might be co-located at school sites as approved, contract providers, or have direct contracts with schools or LEAs.

For examples, please see the Seneca Families of Agencies partnership model, Unconditional Education, available here, and for recent news coverage of how this type of partnership has been implemented in one Oakland elementary school, see this article.

School-Based Health Centers (SBHCs)

SBHCs are health clinics that are located on or close to school campuses. SBHCs provide students with access to a wide range of health care services and can function as a student's "home base" for health care. They provide integrated behavioral and physical health care to meet the whole-health needs of students. The specific terminology used for SBHCs may vary by district. For example, San Francisco Unified School District has several school-based "wellness centers," while other SBHCs may be referred to as "health centers" or "clinics."

The California School-Based Health Alliance (CSHA) offers a wealth of resources on this topic and a directory of SBHCs on their website here.

Community Schools

Community schools aim to function as local support hubs, connecting students and families to resources and services in a trusting and collaborative setting that is relationship-centered. Key components include: (1) integrated student support services, which may include school-based mental and physical health care and supports, social-emotional learning, trauma-informed care, and restorative justice practices; (2) family and community engagement; (3) collaborative approaches to leadership and practice; and (4) extended learning time beyond the typical school day.

Please see the Learning Policy Institute's (LPI) Community Schools page for research and implementation guides on the topic.

Fund Mental Health Support and Services

There are a variety of ways to fund mental health support and services in schools. The following section provides an overview of some common ways that school districts and sites can leverage available dollars. Please note that the content of this section of the toolkit is built largely on the incredible resources and tools that other organizational leaders on school mental health funding have produced, as credited below.

MEDI-CAL FINANCING

What is Medi-Cal?

Medi-Cal is California's Medicaid program.[64] The program is administered by California's Department of Health Care Services (DHCS) and provides free or low-cost health services (including mental health) for eligible children and adults.[65]

How can schools use Medi-Cal dollars?

The following content has been adapted, with permission, from the Practical Guide for Financing Social, Emotional, and Mental Health in Schools authored by the California Children's Trust (CCT) and Breaking Barriers.

DIRECT MEDI-CAL BILLING FOR LEAs

School districts can bill Medi-Cal directly for certain mental health services that they provide students. To bill Medi-Cal directly, the service must involve three components, (1) an eligible student, (2) eligible service and (3) an eligible Medi-Cal enrolled provider.[66] In this context, an eligible student is one that is enrolled in Medi-Cal and an eligible service is one that is medically necessary.[67] For more information please see page 7 of the CCT and Breaking Barriers report. There are two optional programs through which an LEA can enroll as a Medi-Cal provider and receive reimbursement for eligible services provided to Medi-Cal enrolled students: the LEA Billing Option Program (LEA-BOP) and the School-Based Medi-Cal Administrative Activities Program (SMAA). California also plans to launch an All-Payer Fee Schedule in January 2024 that will provide an option for LEAs and school-linked providers to receive direct reimbursement from managed care health plans for mental and behavioral health services.[68]

Local Education Agency Billing Option Program (LEA-BOP)

- School districts, COEs, and SELPAs can bill the California Department of Health Care Services (DHCS) for the federal share of the cost of mental health services they provide through the Local Education Agency Billing Option Program (LEA-BOP), a cost reimbursement program.
- To qualify, services must be provided to an eligible student (i.e. a student enrolled in Medi-Cal), must be medically necessary, and must be delivered by an eligible Medi-Cal enrolled provider.
- Examples of billable services include psychosocial assessments and individual and group psychology and counseling treatments.[69]

School-Based Medi-Cal Administrative Activities Program (SMAA)

- LEAs can bill for the federal share of reimbursement for administrative costs through the School-Based Medi-Cal Administrative Activities (SMAA) program.
- The SMAA program provides 50% reimbursement for activities such as outreach to students, referral and care coordination, facilitation of Medi-Cal applications, arrangement of non-emergency/non-medical transportation, program planning, policy development, and claims coordination.[70]

All-Payer Fee Schedule

- The statewide all-payer fee schedule for school-linked behavioral health services aims to "streamline and facilitate reimbursement for school-based behavioral health services" by providing a "specific scope of benefits and rate requirements for commercial health plans and the Medi-Cal delivery system."[71] It is expected to be released and implemented with a small group of early adopters in January 2024.[72]

INTEGRATED SERVICE DELIVERY MODELS

In addition to directly billing for Medi-Cal services, school districts can also integrate Medi-Cal funded mental health supports into their service delivery system through partnerships with other agencies and other organizations. CCT and Breaking Barriers describe five different models that schools can consider to leverage Medi-Cal funded services, depending on which one fits best with their unique community landscape.

1. Local Education Agency (LEA) or School District Model[73]

- Options for this model are described above.

2. Community Based Organization (CBO) or Nonprofit Model[74]

- CBO holds the contract with Medi-Cal payor and acts as the direct provider of clinical services
- CBOs handle all administrative and billing functions and manage their own staff
- Usually requires MOUs between school district or sites and CBOs or other formal agreements

3. Special Education Local Plan Area (SELPA) Model[75]

- SELPA acts as a district's intermediary for Medi-Cal contracts and billing through the county health department and provides clinical services
- Most commonly in this model, SELPAs buy or broker services and contract out to CBOs
- SELPAs can partner with single or multiple districts within their region
- Historically, SELPA services have been focused on special education services

4. County Office of Education (COE) Model[76]

- Newer model
- COE acts as the intermediary between one or more districts and the county health department
- Model can draw on existing collaborative relationships between COEs and districts

5. County Health Authority (CHA) Model[77]

- The CHA serves as the health-specific intermediary
- CHA is the biller and service provider
- Often times the CHA may contract out with CBOs or LEAs to deliver services, but CHAs can provide direct services as well
- Note that counties organize their services differently and may use the term health agency, behavioral health agency, mental health agency or public health department instead of "CHA"

Five Steps to Integrate Medi-Cal Services Into Your District's System of Supports

CCT and Breaking Barriers recommend:

1. Deepen your understanding of student needs in your district;
2. Evaluate your district's current approach to social, emotional, and mental health services and identify gaps;
3. Conduct asset mapping in your community;
4. Select the partnership model(s) most appropriate for your needs; and
5. Create formal contractual agreements for your partnership model(s).

Each of the steps is discussed in more detail on pages 15-18 of the Practical Guide for Financing Social, Emotional, and Mental Health in Schools

How else can schools leverage Medi-Cal dollars for mental health services?

Schools can help educate their eligible students on their right to Medi-Cal services. The National Center for Youth Law and the National Health Law Program (NHeLP) developed youth-friendly guides on accessing mental health services through Medi-Cal that schools can share with students here. For a Spanish-version please click here.

SCHOOL-BASED HEALTH CENTERS (SBHCs)

A school-based health center (SBHC) is a student-serving health center or clinic that is either located on or near a school campus; organized through partnerships between the school, community and health providers and; provides on-site clinical health services from qualified health professionals.[78] There are some specific funding streams and considerations for this model of mental health service delivery. The California School-Based Health Alliance (CSHA) has created a wealth of resources to help SBHCs fund and structure their services. You can find some of these resources featured below.

From Vision to Reality: How to Build a School Health Center from the Ground Up is a comprehensive guide that has been recently updated with current regulations and practices, current resources and data sources, and new appendices to download and repurpose for your school community needs.

Braiding New Funding to Support California SBHCs provides information on available one-time funding opportunities that can be used to start or expand SBHCs. Pages 2-10 of the guide list the available funding streams, and pages 12-13 provide helpful scenarios as to how SBHCs might use these funds.

Sustaining and Growing Behavioral Health Services at School-Based Health Centers offers more in-depth guidance for individuals working in or with Federally Qualified Health Centers (FQHCs) to provide behavioral health services at SBHCs or for individuals who hope to provide these services in the future. Topics covered in this guide include integration of services, financial modeling for behavioral health services, provider credentialing and documentation, models of care and their relationship to financial sustainability, common challenges and solutions, and other financing strategies.

OTHER FUNDING SOURCES

Other public funding sources for mental health services may include California's Local Control Funding Formula (LCFF), the federal Every Student Succeeds Act (ESSA), grants and initiatives associated with California's Children, Youth and Behavioral Health Initiative (CYBHI), and Educationally Related Mental Health Services (ERMHS) for students that qualify for special education services. For more detailed information on each of these funding streams, please see CSHA's guide, Public Funding for School-Based Mental Health Programs.

Staff Mental Health Support and Services

Many adults play an important role in supporting students' mental health and wellness needs. For detailed overviews of the different types of roles that are involved in school mental health services, please see CSHA's Providers and Personnel for School Mental Health brief. For summaries of the various licensed and credentialed professionals working with students, see the California County Behavioral Health Directors Association's K-12 Mental Health Services and Staff resource.

RECRUITING AND RETAINING STAFF OF COLOR AND FROM OTHER HISTORICALLY AND/OR CURRENTLY MARGINALIZED COMMUNITIES

Research has shown that students often feel more supported at school or comfortable speaking with an educator, provider or staff member if they have shared identities or experiences.[79] Some resources to help schools take proactive steps to ensure their school staff represents a diverse set of identities and experiences include:

- Recruiting and Retaining Educators of Color: Hiring Practices to Diversify Your Candidate Pool & Strategies to Support and Retain Educators;
- The 'Absolutely Essential' Role of Black Counselors on Campus;
- 5 Things State and District Leaders Can Do to Advance Strong and Diverse School Leadership;
- Recruiting and Supporting a Diverse Workforce;
- Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies.

While there is a shortage of mental health providers of color and with more diverse life experiences nationwide,[80] schools might think of how they can leverage new and existing community support programs, like the CYBHI Wellness Coach initiative or peer-support program, to provide mental health or wellness support to students from members of the larger community. For the latest update on the implementation of these programs, please see the most recent CYBHI public report available here.

PRIVACY AND CONFIDENTIALITY CONSIDERATIONS

When hiring staff to expand or start new mental health services or programs, it is critical to think through privacy and confidentiality issues at the outset. Mental health staffing and delivery structures can impact which confidentiality laws apply to information the student shares and impact student privacy (e.g. HIPAA vs. FERPA). Please see the Honor Student and Privacy section of this guide for more detailed information.

Adopt Supportive School Board or District Policies

School boards and other LEA decision-makers play a key role in setting policy and adopting district-wide frameworks to support student mental health and well-being. Examples include creating suicide prevention policies, adopting district-wide gender-affirming policies and practices, implementing anti-bullying policies, and drafting funding agreements. The resources in this section are meant to foster discussion among your school board and other district leaders on how to create an inclusive school climate or enable collaboration between health and education systems.

The following model policies are from national organizations supporting LGBTQ+ youth's needs, the Trevor Project and the Gay Lesbian and Straight Education Network (GLSEN), and the California Department of Education. The MOU resource targeting LEAs leveraging Medi-Cal funding is from the California Department of Health Care Services, and the article on how school board policy can support a positive school climate is from the California School Board Association.

- Model School District Policy on Suicide Prevention (includes model language, commentary, and resources for districts)
- Model Youth Suicide Prevention Policy (provides background and a template LEAs can adapt to meet their local needs)
- Model School District Policy on Transgender and Gender Nonconforming Students (provides model policy language and implementation notes for topics like school facilities, dress code, and nondiscrimination policies)
- Sample Policy for Bullying Prevention (template school districts can use to address safety concerns related to bullying)
- Memorandum of Understanding Elements for Consideration between Managed Care Plans and County Offices of Education and other Local Educational Agencies (MOUs are required between MCPs and LEAs; this resource outlines what elements LEAs should include in the MOU)
- How Policy Can Support a Positive School Climate (provides background on how school board policy can impact students and school climate)

National Center for Youth Law

Where to Learn More About Supportive School Practices

Resource Bank

Advancing School-Based Mental Health in California, The Children's Partnership

Cultivating Caring Relationships at School: 15 Activities that Promote Staff and Student Connection, California Center for School Climate

Creating a Healing-Centered Learning Environment (worksheet), National Education Association

Creating Inclusive and Nondiscriminatory School Environments for LGBTQI+ Student toolkit, U.S Department of Education

Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming, The Centers for Medicare and Medicaid Services (CMS)

Every Young Heart and Mind: Schools as Centers of Wellness, Mental Health Services Oversight & Accountability Commission

A Funding Guide for More Diverse Schools in California, UCLA Center for the Transformation of Schools

Guiding Principles: A Resource Guide for Improving School Climate and Discipline, U.S. Department of Education

Hallways to Health: Creating a School-Wide Culture of Wellness, School-Based Health Alliance

The Impact of School-Based Health Centers - Reporting health and academic insights in L.A. Unified to achieve student wellness and success, The Los Angeles Trust for Children's Health

Language Matters in Mental Health, Hogg Foundation for Mental Health

Learning from Building a Healing-Centered District (video), SXSW EDU 2022

Sustaining and Growing Behavioral Health Services at School-Based Health Centers, California School-Based Health Alliance

Youth Centered Strategies for Hope, Healing and Health, National Black Women's Justice Institute, The Children's Partnership

Youth Mental Health Needs & Supports: 2022 Elementary Student Perspectives, California Department of Education

Youth Mental Health Needs & Supports: 2022 Secondary Students Perspective, California Department of Education

Youth Thrive & Healing Centered Engagement Crosswalk: A Focus on Building Young People's Strengths and Healing, Center for the Study of Social Policy

Examples of Mental Health Services & Programs at Schools

Positive Behavioral Intervention and Supports (PBIS). An evidence-based approach that "focuses on the emotional and behavioral learning of students, which leads to an increase in engagement and a decrease in problematic behavior over time."[81] PBIS includes a continuum of supports and services intended to promote positive behavior, positive school climate, and academic success, and can be integrated into an MTSS framework.

Interconnected Systems Framework (ISF). "A multi-tiered framework used to deliver a continuum of services and supports in schools that support student behavior and academic outcomes."[82] It is often used as a tool to help integrate PBIS with MTSS.[83]

Services that are part of a student's Individualized Education Program (IEP). When a student is found to be eligible for special education through the federal Individuals with Disabilities Education Act (IDEA), the student's needs, goals, school placement, plans for specialized instruction, and plans for the related services needed to allow them to make educational progress are documented in an IEP. IEPs are developed collaboratively by a team that includes the student's parents, teachers, and district/school staff. An IEP may include educationally related mental health services (ERMHS).

Services that are part of a student's 504 Plan. "504" refers to Section 504 of the Federal Rehabilitation Act. 504 plans are similar to IEPs as they are written plans to ensure the needs of students with disabilities are being met, but differ in several important ways. For example:

- Because the Section 504 definition of disability is broader than the IDEA definition of disability, some students may qualify for a 504 Plan but not for an IEP.
- Procedurally, the IDEA/IEP process involves more rules and safeguards than the more flexible 504 process.
- IDEA provides federal funding to states to assist in serving students, whereas Section 504 does not provide such funding.

Educationally Related Mental Health Services (ERMHS). Include supports like psychological services, social work services, and counseling services. Students with 504 plans or IEPs can receive ERMHS.

Suicide Prevention Programs. State law requires local education agencies to adopt suicide prevention, intervention, and postvention policies, developed in consultation with suicide prevention experts, school mental health professionals, and other stakeholders. The California Department of Education has resources for education agencies on its website here.

Restorative Justice Programs. Often used as an alternative to punitive school discipline practices like expulsions and suspensions that aim to resolve conflicts within schools and promote healthy relationships through positive, trauma-informed practices. These programs typically involve implementing practices such as restorative justice circles or mediation.

Trauma-Informed Practices. "All aspects of the educational environment—from workforce training to engagement with students and families to procedures and policies— are grounded in an understanding of trauma and its impact and are designed to promote resilience for all."[84] Specific examples of trauma-informed practices in classrooms include creating a sense of safety by providing predictable, consistent schedules and routines and staying aware of environmental triggers, such as loud noises, that may cause a child stress.

Social-Emotional Learning and Mental Health Curriculum. Education that helps students develop social and emotional skills and strategies for school and life, such as relationship building, goal-setting, responsible decision-making, and understanding emotions and empathy. See the Promote a Positive Mental Health Culture section for more information on mental health curriculum.

Student-Led Mental Health Groups. Clubs or groups on school campuses that harness youth power to promote mental health and wellness in their school community. Examples include NAMI On Campus and Bring Change to Mind chapters.

Group or individual counseling provided by school staff or through external partners (more on this in the section on partnerships).

Endnotes

1 Deidre McPhillips, *Teens, especially girls, are experiencing more violence, suicidal thoughts and mental health challenges, CDC survey finds*, CNN (Feb. 13, 2023), https://www.cnn.com/2023/02/13/health/teen-health-risks-cdc-survey/index.html.

2 Jen Christensen, *Study finds 'huge' increase in children going to the emergency room with suicidal thoughts*, CNN (Nov. 14, 2022, 1:30 PM), https://www.cnn.com/2022/11/14/health/suicide-er-visits-kids/index.html/.

3 Carolyn Jones, *Black youth face rising rates of depression, anxiety, and suicide*, EdSource (Jan. 25, 2022), https://edsource.org/2022/black-youth-face-rising-rates-of-depression-anxiety-suicide/666405.

4 *2022 National Survey on LGBTQ Youth Mental Health*, The Trevor Project, https://www.thetrevorproject.org/survey-2022/#intro.

5 *Governor Newsom Unveils New Plan to Transform Kids' Mental Health*, Office of Governor Newsom (Aug. 18, 2022), https://www.gov.ca.gov/2022/08/18/governor-newsom-unveils-new-plan-to-transform-kids-mental-health/.

6 Karen L. Mapp & Eyal Bergman, *Embracing a New Normal: Toward a More Liberatory Approach to Family Engagement*, Carnegie Corporation (June 2021), https://media.carnegie.org/filer_public/f6/04/f604e672-1d4b-4dc3-903d-3b619a00cd01/fe_report_fin.pdf#page=11.

7 See Joseph Bishop, Miguel Cesar, *"Nothing About Us Without Us": Youth Voice, Power, and Participation*, UCLA Center for Transformation of Schools, https://transformschools.ucla.edu/research/nothing-about-us-without-us-youth-voice-power-and-participation/; Ashley McBride, *OUSD student director Linh Le on how adults can be better allies to youth*, The Oaklandside (Aug. 31, 2022), https://oaklandside.org/2022/08/31/ousd-school-board-student-director-linh-le/; *Homeroom* (2021), https://www.hulu.com/movie/homeroom-3ba54579-20da-4d8d-9639-6210038d5494.

8 Youth Advisory Councils, CDC (Nov. 22, 2022), https://www.cdc.gov/healthyyouth/yac/index.htm.

9 Karen L. Mapp & Eyal Bergman, *supra* note 6 at 12.

10 See Shawna De La Rosa, *How schools can re-engage 'missing' students ahead of fall?*, K-12 Dive (June 28, 2021), https://www.k12dive.com/news/how-can-schools-re-engage-missing-students-ahead-of-fall/602476/; Addressing Barriers, Attendance Works, https://www.attendanceworks.org/resources/addressing-barriers/.

11 See Multi-Tiered Systems of Support, California Department of Education (Aug. 16, 2022), https://www.cde.ca.gov/ci/cr/ri/; California MTSS Framework, Orange County Department of Education https://ocde.us/MTSS/Pages/CA-MTSS.aspx (last visited June 15, 2023).

12 What is Trauma-Informed Care?, Trauma-Informed Care Implementation Resource Center, https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/ (last visited Feb. 15, 2023).

13 SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, https://youth.gov/feature-article/samhsas-concept-trauma-and-guidance-trauma-informed-approach (last visited Feb. 10, 2023).

14 Carrie Gaffney, *When Schools Cause Trauma*, Learning for Justice Magazine (2019), https://www.learningforjustice.org/magazine/summer-2019/when-schools-cause-trauma.

15 *Addressing Race and Trauma in the Classroom: A Resource for Educators*, National Center for Child Traumatic Stress, 2 (2017), https://drive.google.com/file/d/1TkLr6_yzigdXcVuzdt60ytfjKulwF427/view.

16 *Id.*

17 *Id.*

18 *Id.* at 3.

19 *Id.*

20 Sarah Nadiv, Julie Nicholson, *Creating Trauma-Informed Learning Environments*, WestEd, 2 (2019), https://www.wested.org/resources/trauma-informed-learning-environments/.

21 Examples adapted from Jessica Minahan, *Trauma-Informed Teaching Strategies*, Association for Supervision and Curriculum Development (ASCD) (Oct. 1, 2019), https://www.ascd.org/el/articles/trauma-informed-teaching-strategies. See also Donisch, K., Ake, G., Halladay Goldman, J., Trunzo, C.P., Agosti, J., & Houston, F., *National Child Traumatic Stress Network's Breakthrough Series Collaborative Schools Brief: A Focus on Trauma-Informed Practices*, National Center for Child Traumatic Stress (2022), https://www.nctsn.org/sites/default/files/resources/brief/supporting-trauma-informed-schools-to-keep-students-in-the-classroom-brief-1.pdf.

22 Halladay Goldman, J. et al., *Trauma Informed School Strategies during COVID-19*, National Center for Child Traumatic Stress, 8 (2020), https://www.nctsn.org/sites/default/files/resources/resource-guide/trauma_informed_school_strategies_during_covid-19.pdf.

23 Cultural Responsiveness, Child Welfare Information Gateway, https://www.childwelfare.gov/topics/systemwide/cultural/#:~:text=Being%20culturally%20responsive%20requires%20having,are%20different%20from%20one%27s%20own (last visited Feb. 15, 2023).

24 These strategies are directly adapted from the Regional Educational Laboratory Program infographic, *9 Strategies for Recruiting, Hiring, and Retaining Diverse Teachers*, that builds its recommendations on existing research in the field.

25 Project #22 Teachers of Color - Alliance of Educational Empowerment (TCAEE), Fresno-Madera K-12 Collaborative, https://www.fresnomaderahigheredforall.org/project/teachers-of-color-alliance-of-educational-empowerment-tcaee/ (last visited Feb. 15. 2023); Building a Diverse Educator Workforce, The California State University, https://www.calstate.edu/impact-of-the-csu/teacher-education/Pages/building-a-diverse-educator-workforce.aspx;https://hr.fresnounified.org/teacher-pipeline-programs/ (last visited Feb. 15, 2023).

26 Privacy in Health Care, Opinion 3.1.1, American Medical Association, https://code-medical-ethics.ama-assn.org/ethics-opinions/privacy-health-care (last visited March 9, 2023).

27 See the "Ensuring Privacy" section of the Youth Insights Report for more information.

28 Dear Colleague Letter to School Officials at Institutions of Higher Education, United States Department of Education, 1 (Aug. 14, 2016), https://studentprivacy.ed.gov/sites/default/files/resource_document/file/DCL_Medical%20Records_Final%20Signed_dated_9-2.pdf.

29 *Id.* at 3.

30 For further discussion of supportive school climates, please see the U.S. Department of Education's 2023 report, Guiding Principles for Creating Safe, Inclusive, Supportive, and Fair School Climates.

31 *The Hope, Healing, and Health Collective*, The Children's Partnership & National Black Women's Justice Institute, 2 https://childrenspartnership.org/wp-content/uploads/2021/02/TCP-The_Hope_Healing_and_Health_Collective_FINAL.pdf.

32 Allison Insero, *Racial Disparities Seen for Black Children Age 5-12 in Youth Suicide*, American Journal of Managed Care (May 21, 2018), https://www.ajmc.com/view/racial-disparities-seen-for-black-children-age-512-in-youth-suicide-.

33 *The Hope, Healing and Health Collective*, *supra* note 31; Mental and Behavioral Health - Asian Americans, U.S. Department of Health and Human Services Office of Minority Health, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=5 (last visited June 29, 2023).

34 Black and African American Communities and Mental Health, Mental Health America, https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health (last visited June 29, 2023); Karen Garcia, Talking about mental health can be hard within Latino families, Los Angeles Times (Sept. 28, 2022), https://www.latimes.com/lifestyle/story/2022-09-28/talking-about-mental-health-can-be-

hard-within-latino-families-heres-how-to-start; *Indigenous Populations Face Unique Barriers to Accessing Mental Health Help*, American Psychiatric Association (Nov. 3, 2022), https://www.psychiatry.org/News-room/APA-Blogs/Indigenous-Populations-Barriers-to-Help; Nina Bai, *Addressing Asian and Pacific Islander mental health in the U.S.*, Stanford Medicine News (May 31, 2022), https://med.stanford.edu/news/all-news/2022/05/asian-mental-health-panel.html; Sydney McKinney, Dayanara Ruiz, Angela M. Vázuez, Mayra E. Alvarez, *Youth-Centered Strategies for Hope, Healing and Health*, The Children's Partnership & National Black Women's Justice Institute (May 2022), https://childrenspartnership.org/wp-content/uploads/2022/08/Youth-Centered-Strategies-for-Hope-Healing-and-Health_NBWJI-and-TCP.pdf.

35 Sydney McKinney, Dayanara Ruiz, Angela M. Vázuez, Mayra E. Alvarez *supra* 34 at 26.

36 *Id.* at 16.

37 *Strength in Communities 2021 Bebe Moore Campbell National Minority Mental Health Awareness Month Toolkit*, Mental Health America, 7 (2021), https://mhanational.org/sites/default/files/BIPOC-MHM-Toolkit-2021_Final_03_0.pdf; Karen Garcia, 'People have the ability to heal and to let go. Healers help you with that,' Los Angeles Times (Sept. 27, 2023), https://www.latimes.com/california/story/2022-09-27/elder-jerry-tello-talks-about-integrating-traditional-healing-in-the-la-community-how-to-save-a-life; Youth at the Center, California Health & Human Services Agency, 7 (2023), https://www.chhs.ca.gov/wp-content/uploads/2023/01/CYBHI-Youth-at-the-Center-Report.FINAL_.pdf#page=7.

38 Mary Jo Madda, *Dena Simmons: Without Context, Social-Emotional Learning Can Backfire*, Edsurge (May 15, 2019), https://www.edsurge.com/news/2019-05-15-dena-simmons-without-context-social-emotional-learning-can-backfire.

39 Dena Simmons, *Why We Can't Afford Whitewashed Social-Emotional Learning*, Association for Supervision and Curriculum Development (April 1, 2019), https://www.ascd.org/el/articles/why-we-cant-afford-whitewashed-social-emotional-learning.

40 *Id.*

41 *2022 National Survey on LGBTQ Youth Mental Health*, *supra* note 4.

42 *Facts About LGBTQ Youth Suicide*, The Trevor Project (Dec. 15, 2021), https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/.

43 The five assumptions this toolkit explores are: (1) Sex equals gender, (2) You can either be a 'man' or 'woman,' (3) 'Trans' is a distinct and comprehensive gender identity, (4) Cis is 'normal,' and (5) Western gender and sex frameworks are neutral and adequate. Khadijah Kanji, Kathe Rogers, Katarina Gligorijevic, *Asking about gender: A toolkit for youth workers*, Youth Research & Evaluation eXchange (2022), https://youthrex.com/wp-content/uploads/2022/03/YouthREX-TK-Asking-About-Gender-2022.pdf.

44 Nicole M. Marlow, Zhigang Xie, Rebecca Tanner, Ara Jo, Anne V. Kirby, *Association Between Disability and Suicide-Related Outcomes among U.S. Adults*, National Library of Medicine (Aug. 28, 2021), https://pubmed.ncbi.nlm.nih.gov/34465506/.

45 Carolyn Jones, *Peer counseling gains popularity as California schools beef up student mental health services*, EdSource (Feb. 18, 2022), https://edsource.org/2022/peer-counseling-gains-popularity-as-california-schools-beef-up-student-mental-health-services/667792.

46 *Youth Supporting Youth: Expanding Peer-to-Peer Programs in Schools to Address the Growing Youth Mental Health Crisis*, California Children's Trust, 4, 7 (Feb. 2022), https://cachildrenstrust.org/wp-content/uploads/2022/02/CaliforniaChildrensTrust_PeerToPeer_IssueBrief_February2022_Final.pdf.

47 *Id.* at 7.

48 Some students in our focus group sessions specifically discussed how they wished they received more information on the possible risks to utilizing a resource like 988. For more in-depth examples of some of the risks that youth expressed concerns about, please see the experiences accounted in the following article: Aneri Pattani, *Social media posts warn people not to call 988. Here's what you need to know*, NPR (Aug. 25, 2022), https://www.npr.org/sections/health-shots/2022/08/11/1116769071/social-media-posts-warn-people-not-to-call-988-heres-what-you-need-to-know.

49 Myra Soto-Aponte*, Youth Thrive & Healing Centered Engagement Crosswalk: A Focus on Building Young People's Strengths and Healing*, Center for the Study of Social Policy, 4 (May 2021), https://cssp.org/wp-content/uploads/2021/05/Crosswalk-Youth-Thrive-and-Healing-Centered-Engagement.pdf.

50 *Id.*

51 *Id.* at 6; Shawn Ginwright, *The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement*, Medium (May 31, 2018), https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c.

52 *Id.* at 7.

53 *Shawn Ginwright's Presentation Slides: From Trauma-Informed Care to Healing Centered Engagement*, YouthREX, 15 (2021), https://youthrex.com/wp-content/uploads/2021/02/YouthREX-York-University-021121-reduced_file_size.pdf.

54 Sarah Klevan, *Building a Positive School Climate Through Restorative Practices*, Learning Policy Institute, 1 (2021), https://learningpolicyinstitute.org/media/543/download?inline&file=WCE_Positive_School_Climate_Restorative_Practices_BRIEF.pdf.

55 *Id.* at 2.

56 *Id.*

57 *Id.* at 2-3.

58 Anna Merod, *4 in 10 California teachers considering leaving the classroom*, K-12 Dive (Sept. 27, 2022), https://www.k12dive.com/news/4-in-10-california-teachers-are-considering-leavingthe-classroom/632704/; John Fensterwald, Thousands of California Teachers Say They Are Stressed, Burned Out (Sept. 27, 2022), https://laist.com/news/education/thousands-of-california-teachers-say-they-are-stressed-burned-out.

59 Desiree Carver-Thomas, Dion Burs, Melanie Leung, Naomi Ondrasek, Teacher Shortages During the Pandemic: How California Districts Are Responding (Jan. 2022) 13, https://learningpolicyinstitute.org/media/552/download?inline&file=Teacher_Shortages_During_Pandemic_REPORT.pdf; Jocelyn Wiener, *Unanswered cries: Why California faces a shortage of mental health worker*, CalMatters (Sept. 8, 2022), https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/.

60 Steps adapted from Sarah Gosner, Schools, Not Teachers, Must Reduce Stress and Burnout – Here's How, Edutopia (Feb. 11, 2021), https://www.edutopia.org/article/schools-not-teachers-must-reduce-stress-and-burnout-heres-how/.

61 Whole Child Education, Learning Policy Institute, https://learningpolicyinstitute.org/topic/whole-child-education (last visited Feb. 13, 2022).

62 *Supporting California's Children through a Whole-Child Approach: A field guide for creating integrated, school-based systems of care*, Breaking Barriers, California Alliance of Child and Family Services, Santa Clara County Office of Education, WestEd, 3 (April 2022), https://www.wested.org/wp-content/uploads/2022/04/Integrated-Care-Field-Guide_ADA.pdf.

63 *Id.* at 6.

64 *Medi-Cal 101: The Financing Foundation, Webinar Series The Path to Funding Racially Just, Relationship-Centered Schools, Training 1*, California Children's Trust, 13 (Oct. 4, 2022), https://cachildrenstrust.org/wp-content/uploads/2022/10/Training-1-MediCal-101-for-School-Leaders.pdf.

65 *Id.*

66 Alex Briscoe, Elizabeth Estes, Aimee Eng, Maureen Burness, Luz T. Cázares, *Practical Guide for Financing Social, Emotional, and Mental Health in Schools*, The California Children's Trust & Breaking Barriers, 7, https://cachildrenstrust.org/wp-content/uploads/2020/08/practicalguide.pdf.

67 *Id.*

68 Children and Youth Behavioral Health Initiative, Department of Health Care Services (DHCS) (Feb. 9, 2023), https://www.dhcs.ca.gov/cybhi.

69 Rachel Velcoff Hults, Alex Briscoe, Aimee Eng & Claudia Page, *School Mental Health 101: A Primer for Medi-Cal Managed Care Plans*, National Center for Youth Law & The Children's Trust, 27, https://youthlaw.org/sites/default/files/attachments/2022-02/SchoolMentalHealth101_final.pdf.

70 *Id.*

71 *Governor Unveils California's Strategy to Support Youth Mental Health: Children and Youth Behavioral Health Initiative (CYBHI) is a Key Component, DHCS Stakeholder News - August 19, 2022*, Department of Health Care Services, https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/DHCSStakeholderNews/081922StakeholderUpdate.aspx.

72 Workgroup Meeting Details, Fee Schedule Working Group Session 3 PowerPoint slides, 12 (Feb. 15, 2023), https://www.dhcs.ca.gov/CYBHI/Pages/MeetingsandEvents.aspx.

73 Alex Briscoe, Elizabeth Estes, *supra* note 66 at 9.

74 *Id.* at 10.

75 *Id.* at 11.

76 *Id.* at 12.

77 *Id.* at 13.

78 About School-Based Health Centers, California School-Based Health Alliance, https://www.schoolhealthcenters.org/school-based-health/ (last visited on March 6, 2023).

79 Rebecca Kim, *Addressing the Lack of Diversity in the Mental Health Field* (March 7, 2022), https://www.nami.org/Blogs/NAMI-Blog/March-2022/Addressing-the-Lack-of-Diversity-in-the-Mental-Health-Field; Claire Cain Miller, *Does Teacher Diversity Matter in Student Learning?*, The New York Times (Sept. 10, 2018), https://www.nytimes.com/2018/09/10/upshot/teacher-diversity-effect-students-learning.html; Ileana Najarro, *Why School Counselors of Color Matter More Than Ever*, Education Week (Jan. 5, 2022), https://www.edweek.org/leadership/why-school-counselors-of-color-matter-more-than-ever/2022/01.

80 Jocelyn Wiener, *Unanswered cries: Why California faces a shortage of mental health workers*, CalMatters (Sept. 8, 2022), https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/.

81 Multi-Tiered Systems of Support, California Department of Education (April 23, 2020), https://www.cde.ca.gov/ci/cr/ri/.

82 *Every Young Heart and Mind: Schools as Centers of Wellness,* Mental Health Services Oversight & Accountability Commission, 28 (2020), https://www.mhsoac.ca.gov/sites/ default/files/schools_as_centers_of_wellness_final.pdf (internal citations omitted).

83   *Id.*

84 See Trauma-Sensitive Schools Training Package, National Center on Safe Supportive Learning Environments, https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package; *Supporting Resilience in Schools,* California Department of Education (2021), https://www.cde.ca.gov/ls/cg/mh/resilientschools.asp.