

# Supporting Student Success through the Mental Health Services Act: The Community Schools Approach

**Summary:** Children and youth today face a great many challenges to making the most of their educational opportunities and succeeding in school. Among the most critical of these challenges is the alarming degree of unmet mental health needs.

**According to the Surgeon General, one in every five young people experiences some kind of mental health problem; and one in every ten young people age nine or older has a serious emotional disturbance that severely impacts the child's every day life.<sup>1</sup>**

**To add to these sobering statistics, three-fourths of these children do not receive the care they need<sup>2</sup>—even though emotional well-being is fundamental to successful engagement at school.**

Schools have a critical role to play in meeting the social, emotional and behavioral health concerns of children and youth. In fact, 80% of the children who do receive mental health care get that care at school.<sup>3</sup>

Educators are well aware of the mental health needs of their students, but have limited capacity to respond given their primary role in academic instruction and the lack of dedicated funding and adequate systems to provide mental health services.

The Mental Health Services Act (MHSA) represents an important new source of funding that could support school-based mental health services. MHSA funding is intended to expand and transform the county mental health service system for children, adults and seniors alike. Of particular importance to schools and their partners is the MHSA legislated focus on prevention and early intervention. Given the history of underfunding, as well as the critical role that prevention can play, local leaders have important decisions to make about how to apply these new resources most effectively.

Schools are essential partners in this work, and there are proven models across the state for providing health and mental health services in the school setting. These models—often called “community schools”—can provide an important guide for decision making about how MHSA funds are invested. In support of improving academic outcomes, community schools pool together the resources of schools, families and communities to meet the full range of learning and developmental needs of their students, as well as their families and the larger community. A community school acts as a hub of the community where an array of public and private partner agencies come together with the school and its staff.

This policy brief describes how using a “community schools” approach in MHSA planning will enable counties, along with their school and community partners, to create plans that produce optimum outcomes by:

- Offering a comprehensive and coordinated approach in which mental health services are coupled with supports already provided in the school setting;
- Enabling maximum leveraging of existing resources;
- Making the most efficient use of new funds by strategically targeting children and families with the greatest need; and
- Improving access to care, while also improving academic outcomes, by integrating mental health services into the core educational work of schools.

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## Proposition 63

# The Mental Health Services Act

The Mental Health Services Act (MHSA) provides funding to expand and transform California's county-

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based mental health care system for children, adults and seniors.

To create a more comprehensive and effective mental health care system, to fill treatment gaps and ultimately, to avoid the negative impacts

of untreated mental illness, the MHSA mandates improved access to services through:

- increases in community-based and client-centered services,
- innovative and evidence-based programs,
- accessible and appropriate services for underserved populations, and
- programs to reduce the stigma associated with accessing services.<sup>4</sup>

The MHSA requires genuine community input in the planning, implementation and evaluation of the mental health programs designed at the county level.

**Prevention and Early Intervention:** There are five funding components of the MHSA. Of particular importance to schools and their partners is the Prevention and Early Intervention (PEI) component.

In 2005 -2006, counties held planning processes and gathered public input to develop 3-year plans. In this initial planning phase, counties were required

to address the Community Services and Supports component.

In September 2007, the Department of Mental Health released guidelines to direct the county planning process for the PEI component. While some counties included PEI planning in their initial planning processes, most counties are in the midst of PEI planning now (Spring 2008). The PEI guidelines include many of the same general goals and concepts that the community schools approach seeks, including:<sup>5</sup>

- **Community Collaboration**—members of the community are brought together to systematically address community wellness;
- **Cultural Competence**—programs and interventions improve access for the underserved populations;

### The Mental Health Services Act (MHSA)

This law was passed in November 2004 as Proposition 63 on the California ballot.

The MHSA is funded by a 1% tax on taxable personal incomes that exceed \$1 million. Since taking effect in January 2005, the MHSA has generated \$2.1 billion.<sup>6</sup>

Administered by the California Department of Mental Health (DMH), the bulk of the revenues are allocated to the counties.

To draw down the funds, counties must submit implementation/expenditure plans to the state for approval. The MHSA requires that development of these plans be based on broad public input.

- **Individual/Family-driven Programs and Interventions, with Specific Attention to Individuals from Underserved Communities**—adults and families of children and youth identify their needs and preferences and this involvement leads to more effective programs;
- **Wellness Focus, Which Includes the Concepts of Resilience and Recovery**—program designs take into account that mental health problems are preventable and early intervention is cost effective in terms of dollars and human suffering, and recovery is expected;
- **Integrated Services Experience for Individuals and their Families**—While PEI funds will not be sufficient to meet the complex needs of underserved populations, PEI programs should place mental health services in locations where participants can obtain other critical supports, i.e. substance abuse prevention and treatment, sexual violence prevention and intervention and basic needs, such as food, housing and employment; and
- **Outcome-based Program Design**—program designs should place an emphasis on intended outcome for individuals and families.

This new funding presents a critical opportunity to provide care that does not require a formal diagnosis, is more sensitive to the needs of youth and can potentially greatly reduce the reliance on more punitive, blunt and less effective interventions such as suspension and expulsion or inappropriate placements in special education.

In the context of great unmet need and a long history of inadequate funding, these new funds, while substantial, will not be sufficient—making the choices about how to spend this new money all the more critical.

### Getting involved in the Prevention and Early Intervention planning

Most counties are doing PEI planning now (Spring 2008).

The PEI guidelines require that at least 51% of the county's PEI allocation be utilized for youth ages 0 to 24.

For a list of county contacts for MHSA planning, see the DMH website at:

[http://www.dmh.cahwnet.gov/Prop\\_63/MHSA/docs/MHSACoCoordinatorListing.pdf](http://www.dmh.cahwnet.gov/Prop_63/MHSA/docs/MHSACoCoordinatorListing.pdf)

For a copy of the PEI guidelines released by the state in September 2007, go to:

[http://www.dmh.cahwnet.gov/DMHDocs/docs/notices07/07\\_19\\_Enclosure1.pdf](http://www.dmh.cahwnet.gov/DMHDocs/docs/notices07/07_19_Enclosure1.pdf)

**Schools have a critical role to play in meeting the social, emotional and behavioral health concerns of children and youth.**

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# The Community Schools Approach Can Help Guide MHSA–Prevention and Early Intervention Planning

The goals of the MHSA to transform the mental health services system and achieve better wellness outcomes through a more community-based and client-driven approach are embedded in the principles that underlie the community schools movement. Using a “community schools” approach in planning for the MHSA-PEI allocation can help counties to create plans that meet the MHSA goals and produce optimum mental health outcomes, while making the best use of the funding by strategically targeting MHSA funds and leveraging other funding sources. Plans based on the thinking behind community schools can:

**Offer a comprehensive and coordinated approach by coupling mental health services with other supports already provided in the school setting.**

- The MHSA focus on prevention and early intervention affirms the benefits of intervening early. Investing

## **MHSA—Prevention and Early Intervention: Priority Populations**

The PEI guidelines identify the following as priority populations:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children/Youth in Stressed Families
- Trauma-Exposed
- Children
- Youth at Risk for School Failure, and
- Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

in programs and services for children and youth and addressing mental health issues before a formal diagnosis is necessary is more likely to result in positive academic and wellness outcomes. Having maximum contact with young people, schools and their community partners are in a good position to recognize and provide assistance for mental health issues early, and in a genuinely preventative manner.

- Using the school setting as a community hub, mental health services can be offered as a critical component in an array of support services designed to meet the particular needs of students and their families and to address the whole spectrum of developmental challenges.
- There are multiple programs that have similar overarching educational and wellness goals whose resources and efforts could be brought together in the school setting to provide more comprehensive and responsive services including, after school programs, family supports provided by family resource centers, Healthy Start programs, and others.
- The school setting lends itself to more coordinated interventions. For example, in a school setting, parents, teachers and other supports can be brought together relatively easily to work as a team to address issues.
- This new funding presents a critical opportunity to provide enhanced services delivered earlier than is currently possible to alleviate the need for suspension or expulsion and to prevent avoidable placements in special education.

**Enable the maximum leveraging of existing resources.**

- While substantial, MHSA-PEI funds will not be sufficient to meet the unmet mental health needs of young people. Therefore, making efficient use of the funding is critical. The community schools strategy of braiding and leveraging funds through genuine interagency partnerships can help make the MHSA-PEI funds go further.
- Successful community schools fund coordinator positions to build on services already provided at schools as well as to bring in new partners.
- These coordinators understand both the school and social work cultures and can bring these two different systems together to achieve the common goal of providing students the supports they need to succeed and thrive.
- This coordinating role is essential to effectively leveraging funding and ultimately providing comprehensive services and supports, but is currently very difficult to fund with public resources.

**Make the most efficient use of funding because programming at school sites allows for strategic targeting of resources to children and families with the greatest need.**

- Since the vast majority of children attend school, schools and their community partners already regularly see and can serve the underserved and needy populations from those listed as priorities in the state PEI guidelines.
- Since schools are a good place to reach most children and their families, focusing funding in the neediest schools and then targeting resources to the neediest students can provide an avenue for the most efficient allocation of MHSA funds.
- Building the infrastructure to address mental health needs in school settings will also provide the flexibility to meet the needs of students and families that

would not normally be targeted as the most needy. Providing services that can support the entire school population will allow for interventions that address or avert crisis situations.

- Making services available in this more universal way will have the added benefit that students and their families will be able to access services as members of a larger community rather than as marginalized populations.

**Improve access to care, while also improving academic outcomes, by integrating mental health services into the core educational work of schools.**

- Students bring their mental health needs with them to school, and school staff do the best they can to address these needs. Using MHSA funds to involve community partners with the right expertise to help address mental health needs can support teachers in their work.
- Mental health programs designed using youth development principles can help address the stigma associated with accessing mental health care. When mental health services are offered in a familiar setting like school—and as part of an array of supports— young people, in turn, view these services and the mental health needs they are experiencing as a part of normal life.
- Infusing mental health services into the school culture will enhance the effectiveness of these support services by building on the existing relationship between students and the school staff—also making it more likely that students will avail themselves of the services offered.
- Parents may be more likely to access services provided in the school setting because they value their schools and feel comfortable receiving information and support from teachers and administrators, whom they know and trust.

## What is a Community School?<sup>7</sup>

Using public schools as hubs, community schools bring together many partners to offer a range of supports and opportunities to children, youth, families and communities before, during and after school seven days a week. Partners work to achieve the following results:

- Children enter school ready to learn.
- Young people succeed academically and graduate high school ready for post-secondary education.
- Students are engaged and motivated to learn and involved in their community.
- Students are healthy: physically, socially and emotionally.
- Families are actively involved in their children's education.
- Students live and learn in stable and supportive environments.
- Communities are desirable places to live.

### What happens in a community school?

In a community school, youth, family and community residents work as equal partners with schools and other community organizations to develop programs and services in five areas:

- **Quality education**—High-caliber curriculum and instruction enable all children to meet challenging academic standards and use all of the community's assets as resources for learning
- **Youth development**—Young people develop their assets and talents, form positive relationships with peers and adults, and serve as resources to their community.

- **Family support**—Family resource centers, early childhood development programs, coordinated health, mental health and social services build on individual strengths and enhance family life.
- **Community development**—All participants focus on strengthening social networks, economic viability and physical infrastructure of the surrounding community.

### Key principles of a community school

Community school models share a core set of operating principles:

- **Foster strong partnerships**—Partners share their resources and expertise and work together to design community schools and make them work.
- **Share accountability for results**—Clear, mutually agreed upon results drive the work of community schools. Data helps partners measure progress toward results. Agreements enable them to hold each other accountable and move beyond turf battles.
- **Set high expectations for all**—Community schools are organized to support learning. Children, youth and adults are expected to learn at high standards and be contributing members of their community.
- **Build on community strengths**—Community schools marshal the assets of the entire community—including the people who live and work there, local organizations and the school.

## Conclusion

Each county is at a different point in its planning-process for the Prevention and Early Intervention component. For help identifying your county MHSA contact and where your county is in its planning process, please feel free to contact Deanna Niebuhr at the Bay Area Partnership for Children and Youth by phone at **(510) 645-4207 x102** or by email at [deanna@bayareapartnership.org](mailto:deanna@bayareapartnership.org).

For more information on community schools, please contact Marty Blank at the Coalition for Community Schools at [ccs@iel.org](mailto:ccs@iel.org) or visit our website at <http://www.communityschools.org>.

### Helpful Organizations & Internet Resources

- California School Health Centers Association  
[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)
- Center for Community School Partnership  
<http://ccsp.ucdavis.edu/>
- Center for Health and Health Care in Schools  
[www.healthinschools.org](http://www.healthinschools.org)
- Center for Mental Health in Schools at UCLA  
[smhp.psych.ucla.edu](http://smhp.psych.ucla.edu)
- The Children's Aid Society  
[www.childrensaidsociety.org/communityschools](http://www.childrensaidsociety.org/communityschools)
- Coalition for Community Schools  
<http://www.communityschools.org>
- Community Network for Youth Development  
[www.cnyd.org](http://www.cnyd.org)
- Healthy Start Field Office [hsfo.ucdavis.edu](http://hsfo.ucdavis.edu)
- John W. Gardner Center for Youth and Their Communities [gardnercenter.stanford.edu](http://gardnercenter.stanford.edu)
- National Center for Mental Health Promotion and Youth Violence Prevention  
<http://www.promoteprevent.org/>
- Southwest Educational Development Laboratory  
[www.sedl.org/connections](http://www.sedl.org/connections)

### A Community Schools Success

**Redwood City, California**—Efforts to develop community schools in Redwood City have shown that a community schools approach can be used to successfully target the neediest families and can positively impact student achievement.

In 2003, a partnership among the city, county and school district launched its efforts to create model community schools in four school sites based on the successes of their existing school-based Family Resource Centers (FRC). Mental health services for children and families are critical components of the FRCs.

The first year program evaluation, in which the community schools were compared to the non-community schools in the same district, showed that services were reaching the neediest families. Students at the community schools were relatively more disadvantaged as measured by their CalWORKs (welfare) participation, participation in the School Lunch Program, parental education and English Language Learner status; and students who utilized FRC services in the community schools were the most disadvantaged in those schools.<sup>8</sup>

The evaluation also showed improved academic achievement. When FRC participants were compared to students of like populations at non-community schools, they showed greater test score improvement in English that was statistically significant. (Math test scores improvements were also greater among FRC participants, but not statistically significant.)<sup>9</sup>



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## Endnotes

1. United States Department of Health and Human Services. Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD: United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: Center for Mental Health, NIH, NIMH 1999. See <http://mentalhealth.samhsa.gov/publications/allpubs/fastfact5/default.asp>.
2. RAND Health Research Highlights: Mental Health Care for Youth. 2001. See [www.rand.org/health](http://www.rand.org/health).
3. Burns BJ, Costello EJ, Angold A, Tweed D et al. Children's Mental Health Service Use Across Service Sectors, *Health Affairs*, Vol. 14, No. 3, 1995:149-159.
4. Mental Health Services Act. Welfare and Institutions Codes 5850-5883. For the full text of the MHSA and related materials developed by the California Department of Mental Health Services and the MHSA Oversight and Accountability Commission, see the CDMH website at [http://www.dmh.cahwnet.gov/Prop\\_63/MHSA/default.asp](http://www.dmh.cahwnet.gov/Prop_63/MHSA/default.asp).
5. California Department of Mental Health Services. Mental Health Services Act. Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan. Fiscal Years 2007-08 and 2008-09. September 2007. See the CDMH website at [http://www.dmh.cahwnet.gov/Prop\\_63/MHSA/default.asp](http://www.dmh.cahwnet.gov/Prop_63/MHSA/default.asp).
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7. Coalition for Community Schools. A Policy Approach to Create and Sustain Community Schools: Promoting Policies that Strengthen Schools, Families and Communities. A work in progress: April 2000. See <http://www.communityschools.org/Resources/POLICYDRAFT5.PDF>.
8. John W. Gardner Center for Youth and Their Communities. Promoting Achievement through Mental Health Services. January 2007. See [http://gardnercenter.stanford.edu/resources/yth\\_dev.html](http://gardnercenter.stanford.edu/resources/yth_dev.html).
9. John W. Gardner Center for Youth and Their Communities. et al.



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