Task Force Scope of Work

Problem

Old model is that school officials had to wait until a child met special education criteria due to a behavioral health problem and then it was a special education cost and service reaction. By that time the child was two years behind age expected performance and the child's mental health problems were much more severe than they were when problems were first noticeable.

Solution

Partnerships between county mental health and schools can create a team of people to support teachers in bringing help to all children as they need it and address mental health problems long before they reach special education criteria in most cases. They utilize Response to Intervention (RTI)/Positive Behavioral Intervention and Supports (PBIS) elements that also incorporate principles from the mental health children's system of care and the Prevention and Early Intervention programs of the Mental Health Services Act (MHSA - Proposition 63 of 2004)

Financing appears to work

Several successful adaptions of this model demonstrate that by combining existing school supports (including the 15% of special education funds that can be spent on pre-placement services) with MediCal funded mental health services results in reducing high level special education costs to a degree that the initial investment by a school is returned within the second or third year.

Relationships need to be developed

The broadening of this model requires the development of robust partnerships between county mental health departments and school districts and a modest upfront investment of resources with long term significant savings and even more significant improved school and mental health outcomes.

Task Force of School and County Mental Health leaders to develop steps to full statewide implementation – identification of potential barriers and solutions

To make this approach become the new normal will take leadership from both school and mental health officials, combined with appropriate guidance, technical assistance and financing details. A short term (six to twelve month) task force of leaders together with expert staff should be formed immediately and hold monthly meetings or calls to develop a report containing the action steps for implementation that each organization will take over the following year.

Participating Organizations

California School Boards Association (CSBA)

California Teachers Association (CTA)

Association of California School Administrators (ACSA)

California County School Superintendents Association (CCSSA)

California Department of Education (CDE)

California Mental Health Services Administration (CalMHSA)

California Mental Health Directors Association (CMHDA)

Mental Health Services Oversight and Accountability Commission (MHSOAC)

California Association of Health Plans (CAHP)

California School Based Health Alliance (formerly School Health Centers CSHC)

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