**Little Hoover Commission**
**Public Hearing on COVID-19 and Children's Mental Health (Part 2)**
**May 13th, 2021**

**Testimony by Ken Berrick, President and CEO of Seneca Family of Agencies, and Robin Detterman, Chief Program Officer of Education Services, Seneca Family of Agencies**

Good morning Commissioners,

We are Ken Berrick, President and CEO of Seneca Family of Agencies, and Robin Detterman, Chief Program Officer of Education Services at Seneca Family of Agencies. Seneca was founded in 1985 with the belief that all children and families are capable of success when provided with the appropriate level of support to meet their needs. Over the past 36 years, Seneca has evolved from a small nonprofit provider of residential treatment and nonpublic school services to offer a robust array of school- and community-based services for children, youth, and families. Our school-based services are built on the belief that all children can succeed in inclusive educational settings when provided with ready access to a flexible and responsive continuum of supports. Currently, Seneca provides trauma-informed school-based services that impact thousands of students in California and Washington each year.

Seneca is pleased that the Commission has invited our testimony and is dedicating time to study the impact of COVID-19 on children's mental health and the opportunities for California to fully integrate behavioral health care into schools to support every student, at all levels of need. The COVID-19 emergency has emphasized the invaluable role that schools play in the lives and wellbeing of children and families. We are grateful for this opportunity to share our experience on how schools can support the whole child, and where we believe California's family-serving systems should go from here.

**COVID-19 and the Impact of Trauma on Student Success**

In the past year, students, families, and the adults in schools that support them have been asked to completely re-establish how schooling happens. Concurrently, a renewed national reckoning with racial equity—and the role institutions such as law enforcement and schools play in upholding inequity—have caused deep individual and communal grief. The psycho-social scope and impact of this difficult period on the wellbeing of students and teachers—especially in communities of color—cannot be understated.

In the context of this communal grief, and as a result of the COVID-19 pandemic, students in California schools are facing widespread and compounding social-emotional stressors, including worry, anxiety, and disruption to most aspects of their daily lives. In addition to the general stress of an unprecedented public health crisis, children are facing considerable fears such as the fear of dying or of loved ones dying and fear of medical treatment and effects. Students have also experienced significant disruption to their lives, routines, and daily structures while simultaneously navigating increased isolation and lack of connection to social supports such as friends, extended family members, teachers, and their wider communities. Further, COVID-19 has resulted in heightened and disproportionate impacts for some students, including loss of loved ones, loss of family income, food insecurity, increased family stress and conflict, and/or increased exposure to or risk of interpersonal violence in their homes.

These experiences and stressors have created significant challenges for the social-emotional learning of many students. These challenges include (1) managing any difficult emotions they may be experiencing and (2) accessing the support they need to enhance their coping skills for processing and mediating the effects of emotions such as uncertainty and fear. In addition, many students face challenges with creating and maintaining the positive relationships necessary for social-emotional learning to occur and obtaining access to relational environments where they can safely learn and practice social-emotional skills.

While the COVID-19 emergency has highlighted the importance of behavioral health support for students, the impact of trauma on child wellbeing and school performance is well documented and far predates this period of social upheaval. The experience of trauma—particularly complex trauma, poverty, and chronic stress—can disrupt child development in many areas that affect executive functioning. Executive functions involve the regions of the brain associated with information processing, regulating emotions and behavior, creativity, and some aspects of personality.[1] Research has shown that traumatized young people are frequently less adept at (1) regulating their thoughts, feelings, and behaviors, (2) paying attention, (3) problem-solving, (4) remembering details, (5) starting and completing tasks, (6) working independently, and (7) controlling their impulses.[2] Without these cognitive skills, students who have experienced trauma often experience frustration in the classroom, fall behind academically, "fail up" into intensive and restrictive education settings, or drop out of school entirely.

Childhood exposure to traumatic events or situations, often measured by the presence of "Adverse Childhood Experiences" (ACEs), is directly correlated with poor school outcomes. In the latest nationwide study, 24% of children surveyed had witnessed violence in their homes,

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[1] Diamond, A. (2013). Executive functions. *Annual Review of Psychology*, *64*, 134–168. https://doi.org/10.1146/annurev-psych-113011-143750; Zelazo, P.D., Blair, C.B., & Willoughby, M.T. (2016). *Executive functions: Implications for education*. U.S. Department of Education, National Center for Education Research. https://files.eric.ed.gov/fulltext/ED570880.pdf

[2] Lupien, S.J., McEwen, B.S., Gunnar, M.R., & Heim, C. (2009). Effects of stress throughout the lifespan on the brain, behaviour and cognition. *Nature Reviews Neuroscience*, *10*(6),434-45. doi: 10.1038/nrn2639.; Murray, D.W., Rosanbalm, K.D., Christopoulos, C. & Hamoudi, A (2015). *Self-regulation and toxic stress: Foundations for understanding self-regulation from an applied developmental perspective.* https://hdl.handle.net/10161/10283.; Zelazo, P.D., Blair, C.B., & Willoughby, M.T. (2016). *Executive functions: Implications for education*. U.S. Department of Education, National Center for Education Research. https://files.eric.ed.gov/fulltext/ED570880.pdf

schools, or communities in the past year, while 38% had during their lifetime.[3] ACEs tend to appear together and frequently alongside the experience of poverty, with "poor children more than twice as likely than their more affluent peers to have three or more ACEs."[4] Students who have three or more ACEs are three times more likely to experience academic failure and six times more likely to struggle with severe behavioral concerns than students with no known ACEs.[5] This puts them at greater risk of exclusionary discipline practices and referrals to special education. Students of color are more likely to receive exclusionary discipline or referrals to special education and are continuously overrepresented in more restrictive education settings.[6]

Adverse experiences in childhood, especially when experienced in clusters, are linked to poor health outcomes and social and economic hazards throughout the lifespan.[5] [7] Exposure to trauma is an almost universal theme among people who access mental health and/or social services and among those who are court system-involved or housing insecure.[8]

As our schools and their communities return to in-person learning and students begin to reconnect with peers, teachers, and other on-campus adults, prudent solutions are needed to leverage the role of schools in addressing the unmet behavioral health needs of their students. Today, we will discuss three solutions and share details on Seneca programs that are working toward achieving these needed reforms:

- **Addressing Whole School Culture and Climate: The Unconditional Education Model**
- **Preventative Cross-Sector Interventions: Wraparound**
- **Supporting Youth Through Crisis: Mobile Response Teams**

### 1) Addressing Whole School Culture and Climate: The Unconditional Education Model

Seneca's Unconditional Education® (UE) model is designed to equip under-resourced schools and school districts with the supports and skills they need to educate all students in their local schools, regardless of students' presenting needs. To do so, UE coordinates general education, special education, and mental health resources and professionals across each school site to (1) deliver multi-tiered interventions, (2) reorganize resources to provide trauma-informed prevention and early intervention services to support students before they fail, and (3) deliver data-driven and coordinated services to students with individualized needs.

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[3] Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results From the National Survey of Children's Exposure to Violence. *JAMA Pediatrics, 169*(8), 746–754. https://doi.org/10.1001/jamapediatrics.2015.0676

[4] Child Trends. (2019, March 27). *Adverse experiences*. https://www.childtrends.org/indicators/adverse-experiences

[5] Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly, 33*(1), 137–146. https://doi.org/10.1037/spq0000256

[6] Russell J. Skiba, Mariella I. Arredondo & Natasha T. Williams (2014) More Than a Metaphor: The Contribution of Exclusionary Discipline to a School-to-Prison Pipeline, Equity & Excellence in Education, 47:4, 546-564, DOI: 10.1080/10665684.2014.958965

[7] Sacks, V., Murphey, D., & Moore, K. (2014). Adverse childhood experiences: national and state-level prevalence. Child Trends. DOI:10.13140/2.1.1193.8087

[8] Jennings, A. (2004). Models for developing trauma-informed behavioral health systems and trauma-specific services. National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning (NTAC). https://www.theannainstitute.org/MDT.pdf.

The UE model is a whole-school approach to addressing the needs of each school's most vulnerable students. At its core, UE implements a holistic, multi-tiered system of supports (MTSS) that pairs evidence-based behavioral and social-emotional interventions with an intentional focus on improving school climate and culture. The model is implemented at each school site by a UE Coach, who partners with the school and their leadership to build sustainable systems of collaborative and inclusive student services designed to improve the school's culture and climate and ability to support every student to succeed. At partner schools, the UE Coach: (1) develops the school's capacity to assess and improve the overall school culture and climate, to ensure that school is a place where students and families feel safe and engaged; and (2) provides professional development and ongoing coaching that prepares staff to meet the diverse needs of students within their classrooms.

UE coaches support the consistent implementation of Coordination of Services Teams (COST) at school sites. COST is an interdisciplinary team process that provides a clear on-site referral mechanism for teachers and on-campus adults concerned about students. COST referrals can address an array of academic, socio-emotional, and behavioral student challenges. In post-COVID school re-entry work, COST teams are playing a key role in identifying, outreaching to, and re-engaging students who stopped attending classes during the pandemic.

UE interventions with a robust COST process are particularly successful when paired with integrated, multi-tiered mental health support. The UE model is designed to be a three-year intervention, with a focus on building a school's capacity to implement MTSS sustainably. Unconditional Education is a Community Schools model aimed at coordinating and delivering much needed services to students and families. In addition, it takes this model one step further by reconceiving how these services can transform how schools operate to build holistic and healing centered communities for all members of the school community.

**2) Preventative Cross-Sector Interventions: Wraparound**

Too often, struggling students and families are not met with services until their needs rise to a crisis level. Schools routinely have few resources or avenues to access services prior to the point of a referral to Special Education or call to Child and Family Services. Accessing services often requires students to experience repeated failures at school and be identified with stigmatizing diagnosis or disability labels as a requirement for services. Seneca provides several service delivery models that could be transformative if direct referrals for support could be made by school-based personnel or requested by families, since these are the individuals most readily able to identify early signs of distress that could lead to an escalation of greater need.

One such intervention is Wraparound. Wraparound is an intervention aimed at building upon the strengths of an individual family to address challenges of daily living, broaden their network of natural supports and develop strategies to meet future goals. Wraparound is typically only available to students who have become formally involved in the child welfare or juvenile probation systems, or who have behavioral health needs that have risen in acuity to a level

where services are assigned through the IEP process. By this point children have often experienced extreme distress, up to and including having been removed from their parents' care.

Seneca has begun to develop partnerships with child welfare agencies, in counties like Contra Costa, to provide services with an approach to prevention in mind. In these cases, families who do not meet traditional criteria can still receive a similar model and scope of services to address family stressors and support children to maintain safe placements within their family homes.

**3) Support Youth Through Crisis: Mobile Response Teams**

While whole-school interventions like Unconditional Education support entire school communities and referrals to important services can prevent future escalation of need, there are a small number of students who face moments of acute distress and require healing centered de-escalation, stabilization, and safety planning. Seneca Mobile Response Teams (MRT) provide time-limited, age-appropriate interventions and case management for children and youth who are experiencing behavioral health crises and need intensive support to stabilize and thrive at school and home. Seneca MRT staff respond to youth in crisis in real-time to prevent further escalation and avoid the need for more restrictive interventions, law enforcement involvement—or, for child welfare-involved youth, placement disruption. MRT has demonstrated great success in de-escalating youth who present with severe behavioral health concerns such as suicidal or homicidal ideation, self-injury that does not require immediate medical attention, self-destructive and/or risk-taking behavior, aggressive and/or oppositional behaviors, and emotional distress, depression, and anxiety.

When a child or youth is referred to the MRT program, staff offer prevention support and service linkage, short- to medium-term care planning, over-the-phone counseling, and in-person crisis response as needed.

While typically restricted to students with Medi-Cal, as a result of the leadership of San Francisco Mayor London Breed's Office and the San Francisco Unified School District's Student, Family and Community Support Department (SFCSD), as of January 1st, 2021, Seneca is contracted to provide Mobile Response Team services to <u>any</u> student in San Francisco. These entities support this crucial partnership by expanding outreach to families about this service and funding district social workers on school sites that can refer students into MRT.

**4) Looking Ahead**

California can do more to address student mental health needs and seamlessly integrate the education and behavioral health systems. We recommend these strategies:

***A) Leverage the Resources of Community Based Organizations through Full-Service Community Schools[9] Funding and Partnerships:*** Full-Service Community School models, like Unconditional Education, are an invaluable opportunity to meet the needs of all students in a school community, and this important, innovative approach must be uplifted in California. The Full-Service Community School Model aims to transform school campuses into community hubs that can serve as "one stop shops" for a variety of services, including various health, after-school, parent support, and enrichment programs.

At the federal level, active legislation including the Full Services Community Schools Expansion Act seeks to appropriate money directly to states to strengthen statewide networks of Full-Service Community Schools. In California, Governor Newsom has prioritized funding the Full-Service Community Schools models to drive close partnerships between schools, Local Education Entities (LEAs) and community-based nonprofit organizations providing social services.

As schools and the communities they serve grapple with the unmet needs of students and families returning from distance learning and an extended period of social disconnection, it is critical that funding for this comprehensive model is further prioritized and sustained.

***B) Position Schools as Hubs of Referral to Services and Reduce Barriers to Accessing Care:*** Too often, school-based services only become available to students and families when their needs rise in acuity to a level of crisis. As our country reckons with the racial inequities enacted by our public institutions and the frequent trauma experienced by communities of color in interactions with law enforcement, it is critical that we develop healing-centered, non-punitive interventions for youth and families across a spectrum of need before more restrictive interventions become necessary, especially when school children are involved.

It is crucial that we prioritize implementing programs that allow children in mental health crises to be met first by mental health professionals and families to access support from community providers rather than allowing these to be matters addressed by law enforcement personnel. These programs are most effective when integrated into the places where students spend most of their waking hours: their schools. We owe it to our young people to provide them with safe access to the services they critically need, when and where they need them.

Finally, adjusting the way funding becomes available for children with higher needs in schools will be a critical paradigm shift to move our service system from reactive to preventative. Currently, Special Education dollars can only be used for services once a student has been given an Individualized Education Plan (IEP). To preempt student need from rising in acuity, Special Education dollars should become available before the IEP process is initiated, to be used for more intensive interventions such as Wraparound.

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[9] "What Is a Community School?" *Coalition for Community Schools - Because Every Child Deserves Every Chance*, www.communityschools.org/aboutschools/what_is_a_community_school.aspx.

***C) Address Parity Concerns Across Public and Private Behavioral Health Systems:*** Most home and school-based mental health services provided by community-based organizations (CBOs) like Seneca are only available to students and families who are Medi-Cal beneficiaries. As we seek to improve all California students' behavioral health and wellbeing, we must look critically at the fact that in many public schools, students who sit together in class and present with the same mental health issues often cannot access the same level of school-based mental health supports. Students with private insurance, whose needs may derive from the same family and environmental stressors as their publicly-insured classmates, are often left unserved until their needs rise to a crisis level. We must reassess our current delivery system and think expansively about how to fund micro-, mezzo-, and macro-level interventions that address the needs of all students in a school community at the earliest point possible.

***D) Use CalAIM to Achieve Sustained Reform to the Medi-Cal System:*** The California Advancing and Innovating Medi-Cal initiative of DHCS outlines substantive reforms to the behavioral health system in place to serve children. Proposed changes include updating the definition of "medical necessity", the threshold requirement children must meet to access behavioral health services, so children impacted by significant trauma can more seamlessly access intensive behavioral health services without requiring a diagnosis. CalAIM also offers opportunities to address the substantial paperwork responsibility placed on direct care providers billing Medi-Cal. Taken together, these envisioned reforms, if enacted with intention via waivers, the state plan, and contracts between the state and MCOS and MHPs, will strengthen the statewide behavioral health service system for all child Medi-Cal beneficiaries.

We greatly appreciate this opportunity to present these ideas to the Commission and are available for further dialogue or questions at your convenience.