Statewide Principals Survey
Summary Report
2016-17 and 2018-19 School Years

California Department of Education

April 2020

Table of Contents

This report was produced for the California Department of Education by the University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies, School Health Services Research and Evaluation Team (http://healthpolicy.ucsf.edu/school-health-services-evaluation) with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA, Award #5H79SM061895). The content is solely the responsibility of the authors and does not necessarily represent the official views of SAMHSA.

Highlights of Key Findings

Through Project Cal-Well, the California Department of Education (CDE) and its partner local education agencies throughout California are implementing a variety of programs to increase awareness of students' mental health needs and access to mental health supports.

The University of California, San Francisco (UCSF) School Health Services Research and Evaluation Team serves as Project Cal-Well's evaluator. In partnership with CDE, UCSF administered a Principal Survey to assess principals' perceptions of availability of existing mental health services, barriers to service provision, and staff professional development needs related to student mental health in California schools. The survey was completed by a convenience sample of 1,376 California school principals in 2017 (representing 14% of California public schools) and by 1,210 principals in 2019 (representing 12% of California public schools). Survey findings highlighted increased mental health needs, as well as increased provision of mental health school supports from 2016-17 to 2018-19. Comparisons are drawn across years, however it is important to note that due to the convenience sampling method, the majority of schools represented in the survey differ across years.

Students' mental health concerns are prominent in California schools.

In both survey years, nine out of ten principals reported that social, emotional, and mental health problems were very common or moderate issues among students in their schools. About two-thirds felt exposure to trauma and violence were moderate or very common issues. Many of the principals also pointed out the strong connection between academic success and mental health issues, stressing that helping students with their social-emotional issues can help them be more successful in school.

Mental health staffing in California schools has improved.

In 2018-19, principals reported higher levels of mental health staffing and increases in the types of school-based mental health (SBMH) services offered at their schools, though these increases may be due to the schools represented each year and warrant further exploration.

- Compared to 2016-17, principals reported higher total full-time equivalent (FTE) on average in 2018-19 for school social workers (0.2 FTE in 2016-17 to 1.1 FTE in 2018-19), mental health interns (0.3 to 1.1 FTE) and community-based providers (0.4 to 1.2 FTE).
- In both years, the majority said their schools offered individual counseling/ therapy, referrals to specialized programs/services, crisis intervention, and group counseling. Survey data also showed that schools' capacity to refer students to needed services was high overall, with nearly eight out of ten principals reporting in both years that students in need of services were discussed at school meetings, such as Coordination of Services Team or Student Success Team meetings, and referred to appropriate services.
- The average number of students receiving SBMH services provided by school mental health staff doubled from 22 in 2016-17 to 45 in 2018-19, and the number that received services provided by community-based mental health providers also increased, from an average of seven students in 2016-17 to an average of 19 students in 2018-19.

Helping students with their social-emotional issues is paramount to getting them to perform more successful in their academic studies. – School Principal

Improvements in school mental health policies and protocols.

- The percentage of principals reporting that their schools conducted school-wide, universal screenings of ALL students to identify students who may need support from SBMH providers increased from 10% in 2016-17 to 16% in 2018-19.
- The percentage of principals whose schools' *Comprehensive School Safety Plans* specifically outlined how to address suicide prevention and post-vention increased from 40% in 2016-17 to 67% in 2018-19. The percentage who reported that their plans addressed wellness policies, student mental health and restorative practices also increased.
- Moreover, in response to Assembly Bill 2246, which requires secondary schools to adopt policies to address suicide prevention, intervention, and post-vention, the majority of principals (70%) in 2018-19 reported that their districts had written policies (2016-17 data were not available).

We need more help. Our students have an overwhelming need and we don't have the resources to fully support them. –School Principal

Significant barriers exist to the provision of mental health services.

- Despite these improvements, the percentage of schools with a waitlist for mental health services increased from 39% in 2016-17 to 45% in 2018-19. Among those who had a waitlist, the percentage reporting they had waitlists of three weeks or longer also increased, from 62% to 71%.
- The two most commonly reported barriers to the delivery of SBMH services were lack of funding and lack of providers in both survey years. Lack of community-based providers, as well as competing demands, were also reported to be barriers by a majority in both years. Nearly half reported that limited school space as well as parental cooperation and consent were barriers.

Principals reported a high need for professional development and support for school staff.

- Most survey respondents (84% in 2016-17 and 90% in 2018-19) reported a need for training, mentorship or other support for their staff to help students with social, emotional, and mental health needs. Importantly, 78% in 2018-19 reported needs to help support staff/teachers' own socio-emotional/mental health needs as they support students, as compared to 70% in 2016-17.
- The percentage of principals reporting that their school staff had attended a Youth Mental Health First Aid (YMHFA) training, which is designed to help adults recognize and support youth with mental health concerns, increased from 15% in 2016-17 to 22% in 2018-19. CDE uses YMHFA as a key strategy in Project Cal-Well. As CDE and their partners provide ongoing YMHFA trainings throughout the state, it is anticipated that this percentage will continue to increase.

In Conclusion

Although the survey respondents were from a convenience sample and may represent principals with a stronger interest in mental health concerns and services, the findings hold important relevance for understanding students' mental health needs, as well as the landscape of mental health service provision in California schools.

There is good news that provision of SBMH services increased, and that schools' capacity to refer students to needed services remained high overall. Moreover, there were increases in the percentage of schools *with Comprehensive School Safety Plans* that outlined how to address suicide prevention and post-vention, wellness policies, student mental health, and restorative practices. Despite these improvements, the need for SBMH services is profound. Students' social, emotional, and mental health problems are prominent in California schools. In addition, principals reported that school waitlists for mental health services are increasing. Lack of funding, lack of providers, competing demands, and limited school space are major barriers to providing students with the services they need. Principals also reported a high need for professional development for school staff. Project Cal-Well addresses these issues through the ongoing provision of YMHFA trainings statewide, as well as other activities designed to raise awareness and identification of students' mental health needs and referrals to and utilization of SBMH services.

Introduction

Since 2014, the California Department of Education (CDE) has implemented Project Cal-Well programs statewide, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Project Cal-Well's overall mission is to increase awareness of and improve mental health and wellness of California's kindergarten through grade twelve students. The CDE contracted with the University of California, San Francisco (UCSF) School Health Services Research and Evaluation Team to conduct a comprehensive evaluation of the Project Cal-Well initiative.

As part of the evaluation, UCSF and the CDE designed a statewide Principals Survey to assess principals' perceptions of availability of existing mental health services, barriers to service provision, and staff professional development needs related to student mental health in California schools. This report provides a summary of both the 2016-17 and 2018-19 survey findings.

It is important to note that survey respondents were from a convenience sample in both years[1] and may represent principals with a stronger interest in mental health concerns and services. Yet, the findings hold important relevance for understanding principals' perspectives on students' mental health needs, as well as the landscape of mental health service provision in California schools.

Methods

The Principal Survey was piloted in the 2015-16 school year. The survey was revised based on the pilot survey findings and sent to California principals from May-October 2017 and again from May-July 2019. Principals' contact information was obtained from CDE's publicly available data.[2] All California public school principals received an initial invitation from the State Superintendent of Public Instruction to complete the survey online and up to four subsequent reminders from the CDE and UCSF staff.

Schools Represented in the Study Sample

In the 2016-17 school year, 1,376 California school principals responded to the Principals Survey, representing 14% of California target schools. Respondents represented schools from all 58 counties in California and 539 school districts (53% of California school districts). In the 2018-19 school year, 1,210 California school principals responded to the survey, representing 12% of target schools, 54 counties and 468 school districts (47% of California school districts).[3]

[1] The majority of schools represented in the survey across years did not overlap. Only 23% (n=276) of the schools in the 2018-19 sample also had a survey completed for the 2016-17 school year.
[2] California Department of Education Public Schools and Districts Data Files: https://www.cde.ca.gov/ds/si/ds/pubschls.asp
[3] In both years, schools designated by the CDE as preschools, special education, juvenile court, opportunity, state special, and youth authority schools were excluded from the sample. Additionally, some surveys were excluded from the final sample (n=150 in 2016-17 and n=163 in 2018-19) because they were duplicate surveys (i.e., the same person completed the survey more than once); completed by district or county office staff or superintendents who were on the school administrator distribution list and represented multiple schools; and/or respondents did not provide identifying information about the school so that they could be categorized appropriately. Furthermore, while we assume remaining respondents in the sample were principals, principals may have forwarded the survey to other staff at their schools with more detailed knowledge of mental health service availability to complete, such as assistant principals and mental health service providers. However, the percentage could not be determined as respondents were not required to provide identifying information other than school name and district.

A self-selected sample of principals voluntarily completed the survey, however the schools they represented closely resembled California schools statewide. There were slightly fewer elementary schools and more high schools in the schools represented by survey respondents compared to schools statewide, although differences were not statistically significant (Table 1).

Table 1. Schools by Type in Survey Sample and Statewide

School Type	2016-17 School Year		2018-19 School Year	
	Study Sample (n=1,376)	California Schools (n=9,802)	Study Sample (n=1,210)	California Schools (n=9,816)
Elementary	58%	60%	57%	60%
Middle or Junior High	14%	14%	15%	13%
High School	15%	13%	17%	14%
Other (including K-12, community day, continuation, and alternative high schools)	13%	13%	11%	14%

In both years, schools represented in the study sample had similar school enrollment sizes by category compared to California schools (Table 2). In the 2016-17 study sample, school enrollment ranged from two students to 5,279 students with an average total enrollment of 649 students, compared to an average enrollment of 630 students statewide. In the 2018-19 study sample, school enrollment ranged from one student to 6,089 students with an average total enrollment of 681 students, compared to an average enrollment of 634 students statewide.

Table 2. Total School Enrollment by Category

Total Enrollment	2016-17		2018-19	
	Study Sample (n=1,376)	California Schools (n=9,802)	Study Sample (n=1,210)	California Schools (n=9,816)
400 students or less	32%	33%	33%	30%
400 – 700 students	38%	38%	36%	35%
Over 700 students	29%	29%	31%	36%

Compared with schools statewide, in both years schools represented in the study sample had a similar average percentage of students who were eligible for free and reduced priced meals, students who were English language learners, and percentage of charter schools (Table 3).

Table 3. Select School Demographics

School Demographics	2016-17		2018-19	
	Study Sample (n=1,376)	California Schools (n=9,802)	Study Sample (n=1,210)	California Schools (n=9,816)
Average % Students Eligible for Free/Reduced Priced Meals	56%	59%	58%	60%
Average % English Language Learners	21%	23%	21%	21%
% Charter Schools	13%	13%	11%	13%

The growing mental health needs of our students, especially in rural Northern California is at a tipping point - at a crisis level. Thank you for doing this research, it is greatly needed.
–School Principal

Study Findings

Issues Facing Students in California Schools

Nearly all principals reported that social, emotional, and mental health problems were very common or moderate issues among students in their schools and about two-thirds felt exposure to trauma and violence were moderate or very common issues. The percentage of principals reporting that these issues were common increased from 2016-17 to 2018-19 (Table 4).

> *Mental health issues comprise 90%+ of my discipline issues. Administering consequences for behavior is only a band-aid to the deeper mental health issues that a number of my students are coping with: anger, trauma, depression, fear – to name only a few.*
> *– School Principal*

Table 4. Common Mental Health Related Issues Students Face

How common are the following issues among students in your school ("moderate" or "very common")?	2016-17 (n=1,023)	2018-19 (n=1,204)
Social, emotional, and mental health problems	87%	93%
Exposure to trauma/violent events in the home or community	62%	72%
Truancy	52%	58%
Substance use/abuse	26%	30%

Many of the principals also pointed out the strong connection between academic success and mental health issues in open-ended feedback, stressing that helping students with their social-emotional issues can help them be more successful in school.

Another common theme that emerged through open-ended feedback was the impact of family and community factors on students. For example, many explained that their students faced trauma from poverty, exposure to violence in their homes and neighborhoods, and in some cases living in foster homes and experiencing homelessness.

> *We have a significant number of students who are impacted by highly traumatic experiences and who are not able to access counseling services.*
> *– School Principal*

Mental Health Services Provided

The percentage of principals reporting that they conducted school-wide, universal screenings of ALL students to identify general education students with mental or behavioral health issues who may need support from school-based mental health providers increased from 10% in 2016-17 to 16% in 2018-19.

In both school years, the majority of principals reported that their schools provided individual counseling/therapy, referrals to specialized programs/services, crisis intervention, and group counseling. However, the percentages reporting they offered these services increased in 2018-19 (Table 5). It is important to point out that nearly one out of ten principals reported that their schools did <u>not</u> provide any school-based mental health (SBMH) services in both years, demonstrating the need to increase available services.

Table 5. Types of Mental Health Services Offered

What types of services do school-based mental health providers offer at your school? (Mark all that apply)	2016-17 (n=1,079)	2018-19 (n=1,074)
Individual counseling/therapy	72%	83%
Referrals to specialized programs/services in the community	57%	59%
Group counseling/therapy	56%	61%
Crisis intervention	56%	63%
Behavior management consultation	53%	55%
Assessment/screening for mental health needs	49%	57%
Case management	30%	34%
Family support services (including family counseling)	26%	25%
Substance abuse counseling	15%	17%
Medication management	6%	6%
Other	5%	6%
None	10%	8%

Mental Health Support Staffing

Among those who reported they had mental health providers at their schools, the total average full-time equivalent (FTE) of all provider types was higher in each category of mental health support staff in 2018-19, as compared to 2016-17 (Table 6). In 2018-19, 26% of principals reported they did not have mental health interns at their schools and 45% did not have school social workers, although nearly 50% of respondents did not answer these questions so the percentages were likely higher (data not shown in table).

Table 6. Types of Mental Health Support Staff

Please provide the full-time equivalent (FTE) of staff in the following categories that worked at your school during the school year.[4] *(Note: Average total FTE of staff excludes those who reported zero FTE)*	2016-17 Average Total FTE	2018-19 Average Total FTE
School/guidance counselors, excluding social workers and psychologists	1.3	2.2
Credentialed school nurses	0.4	0.7
School social workers	0.2	1.1
School psychologists	0.7	0.9
Mental health service providers employed by community-based agencies	0.4	1.2
Graduate or undergraduate school interns in the mental health or related fields (i.e., social work, psychology, marriage and family therapy)	0.3	1.1
Other mental health support staff	0.3	1.1

I feel strongly that more qualified, credentialed mental health providers need to be at our elementary schools providing direct services for all students—in all tiers. We need more education about how to intervene with social/emotional/mental health disorders but we most of all need more people to help. – School Principal

[4] Outlier observations reporting >20 FTE for any staff type (n=12-46) were removed from the analysis.

Student Referrals to and Receipt of Mental Health Services

Survey data showed that schools' capacity to refer students to needed services is high overall and improved in 2018-19 (Table 7). The majority of respondents shared that students in need of services are discussed at school meetings, such as Coordination of Service Team (COST) or Student Success Team meetings, and referred to appropriate services. A slightly higher percentage reported in 2018-19 that they referred students through Positive Behavioral Interventions and Supports (PBIS) systems, an evidence-based approach to assist school personnel with the implementation of behavioral interventions that support students' academic success and mental health.

Table 7. How Students Are Referred to Mental Health Services

How are general education students *referred* to mental health services at your school? (Mark all that apply)	2106-17 (n=1,072)	2018-19 (n=1,040)
Students in need of services are discussed at school meetings, such as COST or Student Success Team meetings, and referred to appropriate services	74%	82%
Parents refer students to school-based mental health providers	48%	54%
PBIS system for referral to Tier 2 interventions	45%	53%
Teachers/school staff send students to the school-based mental health providers' office	41%	52%
Designated staff person (e.g., Wellness Coordinator) receives all referrals	28%	30%
Students self-refer/drop in to the school-based mental health providers' office	26%	40%
Other	4%	7%

The number of students referred to and receiving school-based mental health services provided by school mental health staff more than doubled from 2016-17 to 2018-19 (Table 8). The number that received school-based mental health services provided by community-based mental health providers also increased dramatically. Fewer students received services in the community after a referral, although those numbers more than doubled from 2016-17 to 2018-19.

> *Mental health support and funding for students, faculty, and parents has always been and continues to be sorely lacking in education. It is not an easy area to address, but vital if we are to ensure the academic and social growth of children. Early intervention is KEY.*
> *– School Principal*

Table 8. Number of Students receiving mental health services, by provider type

During the school year, approximately how many students were referred to and received…	2016-17		2018-19	
	# REFERRED to Services	# RECEIVING Services	# REFERRED to Services	# RECEIVING Services
School-based mental health services (services on your campus) provided by school mental health staff, such as school social workers and school psychologists *(excluding school/guidance counselors and school nurses)?*	Average: 26 Range: 0-1,000	Average: 22 Range: 0-1,000	Average: 46 Range: 0-500	Average: 45 Range: 0-500
School-based mental health services (services on your campus) provided by community-based mental health providers?	Average: 21 Range: 0-445	Average: 17 Range: 0-445	Average: 32 Range: 0-450	Average: 29 Range: 0-427
Community-based mental health services (services in the community)?	Average: 11 Range: 0-525	Average: 7 Range: 0-250	Average: 21 Range: 0-250	Average: 19 Range: 0-300

The percentage of principals that reported that they had a waitlist for mental health services at their schools increased from 39% in 2016-17 to 45% in 2018-19. Among those who had a waitlist, the number of students reportedly on the waitlists also increased slightly (Table 9).

Table 9. Number of Students on Waitlists for Mental Health Services

If your school had a waitlist for students, approximately how many students were on the waitlist on average?	2016-17 (n=324)	2018-19 (n=386)
1-5 students	43%	34%
6-10 students	30%	34%
11-20 students	14%	21%
20 or more students	14%	11%

Of those schools that had waitlists for services, a greater percentage reported in 2018-19 that students had to wait three or more weeks to receive services (Table 10).

Table 10. Length of Time for Waitlists for Mental Health Services

If your school had a waitlist, approximately how long did students have to wait to receive SBMH services on average?	2016-17 (n=289)	2018-19 (n=353)
1-2 days	6%	4%
3-6 days	9%	6%
1-2 weeks	22%	19%
3 or more weeks	62%	71%

Barriers to Mental Health Service Provision

The two most commonly reported barriers to the delivery of SBMH services were lack of funding and lack of providers in both survey years, though percentages reporting these barriers increased in 2018-19 (Table 11). Lack of community-based providers, as well as competing demands were also reported as barriers by a majority in both years. Nearly half reported that limited school space as well as parental cooperation and consent were barriers. Over one in five reported that language and cultural barriers impeded the delivery of services.

Forty percent of the students at our school are English Learners, and of that number, twenty-five percent are newcomers. When we don't have access to Spanish-speaking clinicians, those students miss out on the opportunity to not only process any trauma related to their journey to the United States, but their adjustment to their new life in the US and going to school in the US.
- School Principal

Table 11. Barriers to Mental Health Service Provision

To what extent are the following factors barriers to the delivery of mental health services at your school ("moderate" or "severe")?	2016-17 (n=1,030-1,041)	2018-19 (n=1,035-1,051)
Lack of funding for SBMH services	79%	84%
Lack of SBMH providers	69%	76%
Lack of community-based mental health providers who can provide services at our school	62%	68%
Competing demands/priorities (e.g., Local Control Funding Formula, Common Core, Every Student Succeeds Act)	59%	64%
Limited school space/facilities for mental health professionals to work	43%	48%
Parental cooperation and consent	37%	45%
Stigma associated with mental health services	21%	29%
Language and cultural barriers	21%	21%
Concern about students missing classroom time to receive services	15%	16%

Comments provided by principals underscored these findings. Numerous respondents described serious needs for additional mental health funding for the education system as a whole. They pointed out that without additional resources, they could not adequately address the many needs of their students.

> *Let's start funding mental health better at the state level so that it can actually MAKE IT onto school sites. We are drowning in mental health needs and it is affecting my school culture and the well-being of staff. We need help!!!!!! –School Principal*

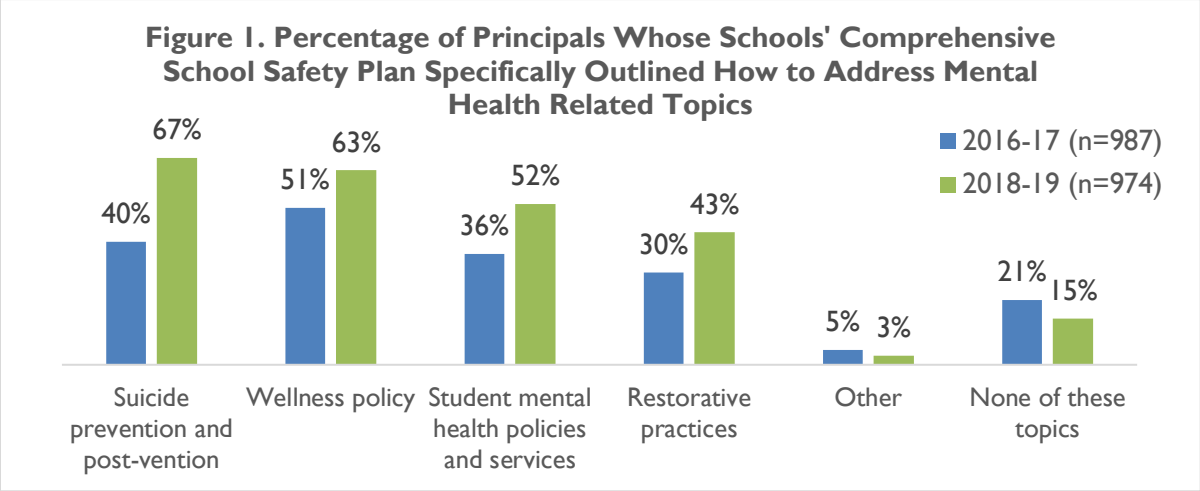
School Policies and Protocols

The majority of principals reported that their schools implemented PBIS and Restorative Justice programs to improve student mental health and wellness, with increases in 2018-19 (Table 12).

Table 12. Curricula/Programs to Improve Student Mental Health and Wellness

Does your school implement any of the following curricula/ programs to improve student mental health and wellness? (Mark all that apply)	2016-17 (n=937)	2018-19 (n=973)
PBIS	69%	78%
Restorative Justice	42%	60%
Second Step	29%	30%
Character Counts	24%	21%
National Alliance on Mental Illness (NAMI) on Campus High School	1%	3%
Directing Change	0%	1%
Other	22%	25%

The percentage of principals who reported that their schools' *Comprehensive School Safety Plan* specifically outlined how to address suicide prevention and post-vention (i.e., support after a suicide has occurred) increased dramatically (Figure 1).[5] The percentage who reported that their plans addressed wellness policies, student mental health and restorative practices also increased.



[5] Respondents could select more than one option.

Suicide Prevention, Intervention and Post-vention[6]

In 2016, Assembly Bill 2246 passed requiring school districts serving seventh through twelfth grades to adopt policies to address suicide prevention, intervention, and post-vention. The CDE provided technical assistance to support implementation, and developed a model policy.[7] In 2018-19, the majority of principals (70%) reported that their districts had a written policy to address student suicide prevention, intervention, and post-vention, while only 8% did not and 22% did not know. Most (86%) reported that their schools conducted screenings of suicide risk for individual students as needed, 2% did universal screenings of all students, and 11% did not conduct suicide risk assessments. Nearly one in ten (8%) reported there had been deaths by suicide in their school communities in the current school year.

Approximately one-third of survey respondents reported that they provided trainings for school staff on student suicide prevention, intervention and post-vention. Of those that provided trainings, 24% provided Applied Suicide Intervention Skills Training, 18% provided Youth Mental Health First Aid, and 40% provided programs "other" than those listed, mainly locally developed programs (Table 13).

Table 13. Trainings for School Staff on Suicide Prevention, Intervention and Post-vention

Which of the following trainings do you provide school staff on student suicide prevention, intervention, and post-vention? (Mark all that apply)	2018-19 (n=397)
Applied Suicide Intervention Skills Training (ASIST)	24%
Youth Mental Health First Aid	18%
SafeTALK	14%
Question Persuade Refer (QPR)	12%
Kognito At-Risk	9%
More than Sad	3%
Other	40%

Staff Professional Development Needs

It seemed like the need is getting higher and the staff does not have the training to deal with the mental health needs of students.
–School Principal

Nearly all principals reported a moderate or high need for professional development, training, mentorship or support for school staff to better support students with social, emotional, and mental health needs in 2018-19, an increase from 2016-17 (Table 14). A larger majority also reported in 2018-19 that staff need support with their own socio-emotional/mental health needs and ways to identify students with mental health needs.

Table 14. Staff Professional Development Needs

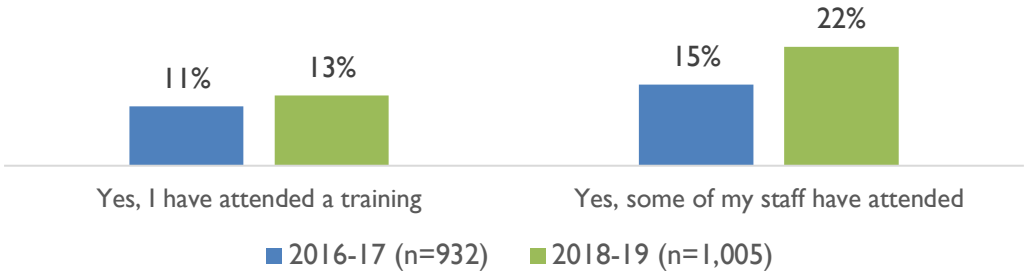
To what extent does your school staff need more professional development, training, mentorship or other support in the following areas ("moderate" or "high" need)?	2016-17 (n=1,019-1,022)	2018-19 (n=1,028-1,031)
Ways to support students with social, emotional, and/or mental health needs	84%	90%
Ways to support staff/teachers' own socio- emotional/mental health needs as they support students	70%	78%
Ways to identify students with social, emotional, and/or mental health needs	59%	71%
Ways to refer students with social, emotional, and/or mental health needs to support services	53%	53%

[6] Questions on this topic were added to the 2018-19 survey and are not available for 2016-17.
[7] CDE Suicide Prevention Information: https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp

Youth Mental Health First Aid

Youth Mental Health First Aid (YMHFA) teaches adults who regularly interact with young people how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis. These trainings introduce common mental health challenges for youth, review typical adolescent development, and teach a five-step action plan for how to help young people in both crisis and non-crisis situations. The percentage of principals reporting that they and their school staff had attended a YMHFA training increased from 2016-17 to 2018-19 (Figure 2). YMHFA is a key strategy used by the CDE in Project Cal-Well. As CDE and their partners provide ongoing YMHFA trainings throughout the state, it is anticipated that this percentage will continue to increase over time.

Figure 2. Have you or your school staff ever attended a "*Youth Mental Health First Aid*" (YMHFA) Training?



Mental Health Services in school is a huge need and is increasing significantly. It is paramount that we are provided the training, resources and financial backing to proactively address the Social Emotional Learning and Mental Health of students. –School Principal

Conclusions and Recommendations

The overarching findings from the 2016-17 and 2018-19 *Principal Surveys* are that the provision of SBMH services offered increased, and that schools' capacity to refer students to needed services was high overall. Moreover, there were increases in the percentage of schools with *Comprehensive School Safety Plans* that outline how to address suicide prevention and post-vention, wellness policies, student mental health, and restorative practices. However, students' social, emotional, and mental health problems remain prominent in California schools. The survey respondents reported increased needs in 2018-19 compared to the 2016-17 respondents, as well as decreased ability to adequately serve all of the students in need of support. Lack of funding, lack of providers, competing demands, and limited school space continued to be major barriers to providing students with the services they need.

Research shows that a significant portion of youth nationally rely on the public school system to serve as their main provider of mental health services.[8,9] The survey findings point to important recommendations to improve the provision of school-based services to support the mental health and well-being of California's public school students:

> *We are under staffed, and under trained to adequately support our students' mental health needs.*
> *– School Principal*

- Ongoing advocacy for additional private and government funding to support the provision of school-based mental health programs and services is vital. Reports such as this can provide evidence to policymakers about the need.
- Identifying and establishing formal partnerships with community-based organizations to provide either on-site services or to receive referrals from school staff could greatly expand students' access to services.
- Including part-time providers or graduate level mental health interns in staffing models could increase the number of students seen by mental health providers with minimal costs to schools, though supervision by a licensed clinician would be required.
- Adopting more school-wide programs, as well as educating school staff and parents, could improve overall school climate, reduce stigma and increase students' access to services.
- Increased community partnerships and data sharing could help to coordinate and strengthen the support systems available to youth, both in the schools and the broader community.
- Support for school staff is also needed. Many principals reported a high need for professional development, training, mentorship or support for school staff to better support students with social, emotional and mental health needs.

The Project Cal-Well model addresses many of these recommendations through interventions designed to create positive school climates, provide school-based targeted services for students who do not respond to primary school-wide intervention practices, and refer to intensive mental health interventions through strong community collaborations.[10]

[8] Hoagwood K, Johnson J. School psychology: A public health framework: I. From evidence-based practices to evidence-based policies. J School Psychology. 2003;41(1):3-21.
[9] Merikangas KR, He JP, Burstein M, et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). J American Academy of Child and Adolescent Psychiatry. 2010;49(10):980-989.
[10] Project Cal-Well is funded through a Now is the Time (NITT)-AWARE grant from the Substance Abuse and Mental Health Services Administration. Additional information: https://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp and https://healthpolicy.ucsf.edu/school-health-services-evaluation