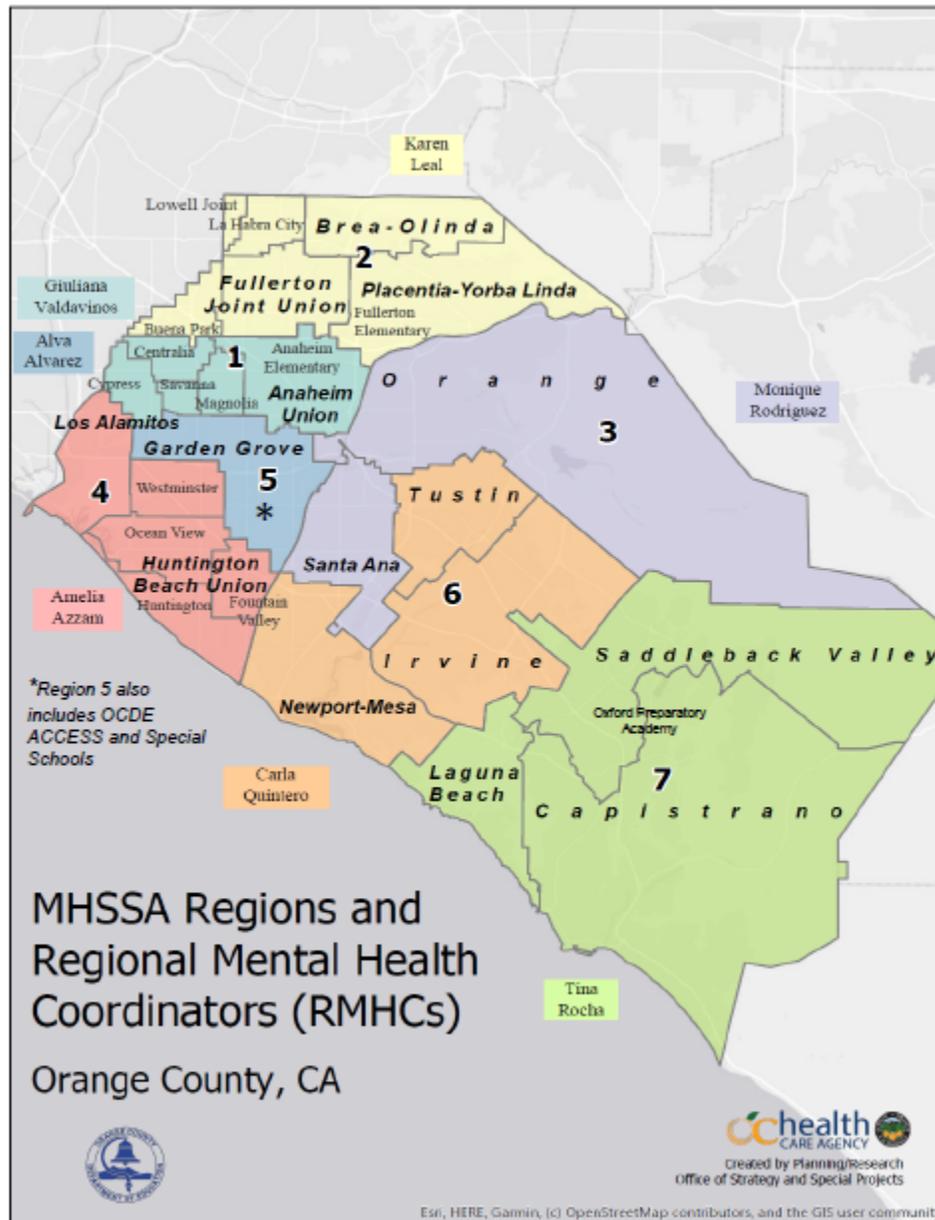




Mental Health Student Services Act (MHSSA)

2021-22 Countywide Data and Needs Assessment Report



Orange County Department of Education

Prepared by Evaluation & Data Center (EADC)

Data in this report includes publicly available data from the California Department of Education (CDE), the California Healthy Kids Survey (CHKS), and data provided by the Orange County Health Care Agency (OCHCA) on calls to the County’s Crisis Assessment Team (CAT), hospitalizations, emergency department (ED) visits, and deaths by suicide among students/youth in Orange County. For more technical details on the data, see Technical Notes section at the end of the report.

STUDENT SOCIODEMOGRAPHIC CHARACTERISTICS

Data in this section were derived from CDE’s DataQuest. Data are provided for the most recent year of availability, and are noted for each indicator.

2019-20 to 2020-21 Changes in Total Enrollment by Region

Region	2019-20	2020-21	% change
Region 1	62,564	60,262	-3.7%
Region 2	70,006	67,709	-3.3%
Region 3	77,415	73,536	-5.0%
Region 4	55,410	52,548	-5.2%
Region 5	49,061	50,125	2.2%
Region 6	79,871	76,980	-3.6%
Region 7	82,532	78,685	-4.7%
County Total	476,759	459,711	-3.6%

2020-21 Enrollment by Grade Level and Region

Region	Elementary School (K-6)	Middle School/Jr High (7-8)	High School (9-12)
Region 1	31,079	9,352	19,831
Region 2	33,595	10,477	23,637
Region 3	37,683	11,778	24,075
Region 4	25,445	8,335	18,768
Region 5	22,851	7,964	19,310
Region 6	38,945	12,256	25,779
Region 7	38,094	12,557	28,034
County Total (#)	227,420	72,712	159,579



2020-21 Enrollment by Student Group and Region

Race/Ethnicity	County	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
African American	1.3%	2.1%	1.5%	0.6%	1.1%	0.9%	1.6%	1.3%
American Indian or Alaska Native	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%
Asian	17.3%	12.5%	17.5%	4.9%	24.3%	30.4%	29.6%	7.3%
Filipino	2.1%	3.8%	2.7%	0.9%	1.5%	1.2%	2.2%	2.4%
Hispanic or Latino	49.6%	69.6%	53.2%	81.5%	30.8%	53.1%	30.4%	30.0%
Pacific Islander	0.3%	0.5%	0.2%	0.2%	0.4%	0.4%	0.3%	0.2%
White	23.9%	8.6%	20.7%	9.9%	34.4%	10.0%	28.6%	49.1%
Two or More Races	4.4%	2.1%	3.8%	1.4%	6.3%	2.2%	6.8%	7.6%
Not Reported	0.9%	0.8%	0.2%	0.4%	1.0%	1.7%	0.5%	2.0%
Gender	County	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Male	51.5%	51.5%	51.4%	51.3%	51.4%	51.0%	51.9%	51.6%
Female	48.5%	48.5%	48.6%	48.7%	48.6%	49.0%	48.1%	48.4%
Non-Binary	0.01%	0.01%	0.01%	0.01%	0.02%	0.02%	0.02%	0.02%
Vulnerable Student Populations	County	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
Socioeconomically Disadvantaged	50.4%	76.8%	47.2%	72.0%	37.8%	67.8%	32.3%	27.1%
Migrant Education	0.1%	0.02%	0.04%	0.5%	0.0%	0.08%	0.0%	0.02%
Foster Youth	0.4%	0.5%	0.4%	0.5%	0.3%	0.5%	0.3%	0.2%
Youth Experiencing Homelessness	4.5%	9.6%	3.0%	7.8%	2.5%	2.6%	1.0%	4.8%
English Learners	20.2%	29.9%	15.2%	28.7%	13.3%	16.5%	16.5%	11.4%
Students with Disabilities	12.1%	12.8%	11.5%	13.1%	11.1%	10.5%	10.5%	12.3%



BEHAVIORAL RISK AND PROTECTIVE FACTORS

Data in this section were derived from CDE’s DataQuest and the California Healthy Kids Survey (CHKS). Data are provided for the most recent year of availability, and are noted for each indicator.

Risk Factors

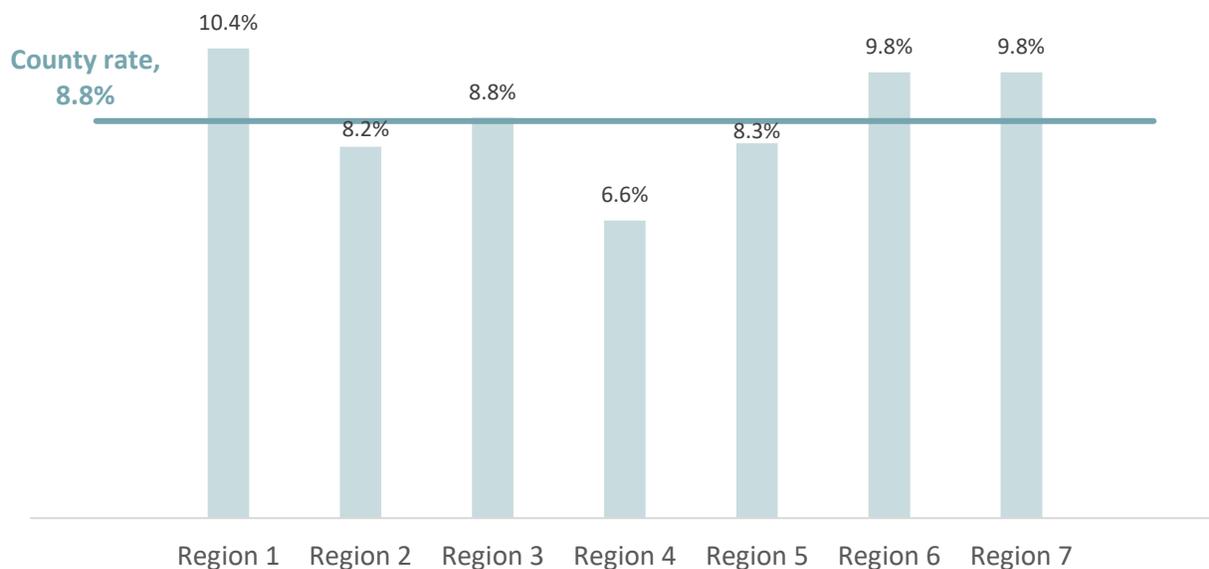
2018-19* Chronic Absenteeism

Region	Total		Elementary School (K-6)		Middle School/Jr High (7-8)		High School (9-12)	
	#	Rate	#	Rate	#	Rate	#	Rate
Region 1	6,817	10.4%	2,795	7.9%	993	10.1%	3,238	14.4%
Region 2	5,929	8.2%	2,177	6.1%	725	7.2%	3,117	12.0%
Region 3	7,117	8.8%	2,650	6.3%	912	6.7%	3,950	14.2%
Region 4	3,759	6.6%	1,212	4.8%	649	4.9%	2,027	10.1%
Region 5	6,783	8.3%	2,020	8.1%	746	8.9%	4,017	20.2%
Region 6	8,439	9.8%	2,481	5.9%	774	5.9%	2,822	10.0%
Region 7	8,439	9.8%	4,261	9.7%	1,200	7.1%	3,298	12.1%
County Total	43,124	8.8%	16,123	6.4%	5,474	7.0%	21,527	13.1%

*Note: Chronic Absenteeism data not available for 2019-20, as school transitioned to distance learning.

Source: California Department of Education, DataQuest 2018-19

2018-19 Chronic Absenteeism Rate by Region

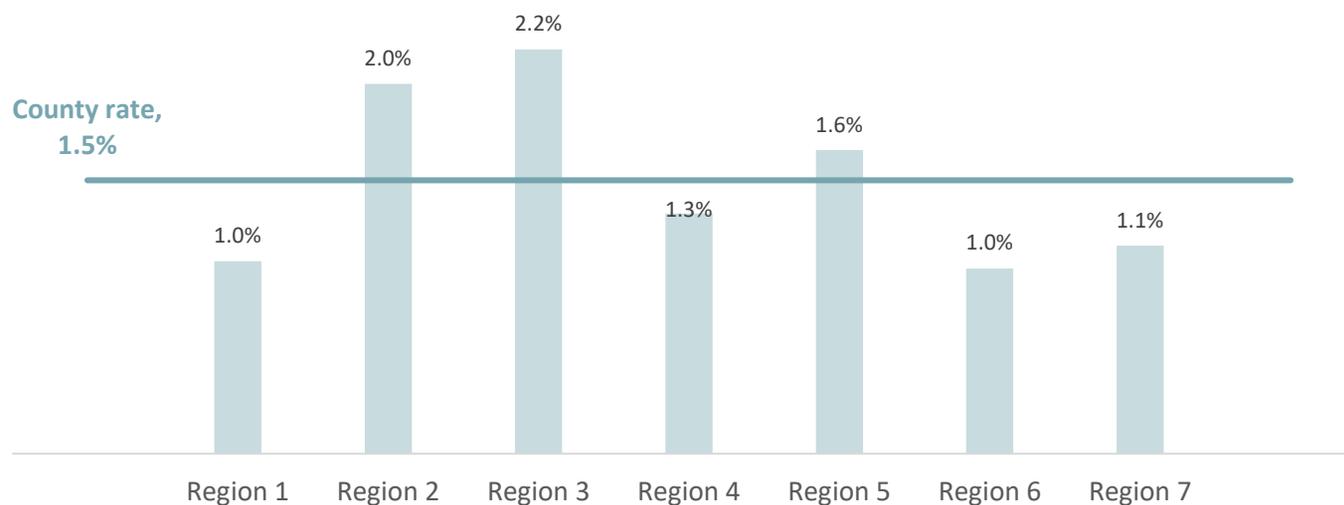


2019-20 Total Number of Suspensions, Unduplicated Count, and Suspension Rate by Region and Grade Level

Region	Total			Elementary School (K-6)			Middle School/Jr High (7-8)			High School (9-12)		
	Total	Unduplicated	Rate	Total	Unduplicated	Rate	Total	Unduplicated	Rate	Total	Unduplicated	Rate
Region 1	844	674	1.0%	121	98	0.3%	169	140	1.4%	554	436	2.1%
Region 2	1,816	1437	2.00%	298	233	0.6%	554	437	4.0%	964	767	3.1%
Region 3	2,648	1728	2.2%	354	240	0.6%	1145	665	5.2%	1,149	823	3.1%
Region 4	937	733	1.3%	204	148	0.5%	275	214	2.9%	419	344	1.8%
Region 5	1,112	879	1.6%	209	164	0.7%	264	206	2.4%	639	509	2.5%
Region 6	1,122	822	1.0%	284	191	0.4%	323	239	1.8%	515	392	1.5%
Region 7	1,269	962	1.1%	280	184	0.4%	340	264	1.9%	649	514	1.7%
County	9,737	7,191	1.5%	1,740	1,252	0.5%	3,108	2,176	2.8%	4,889	3,763	2.3%

Source: California Department of Education, DataQuest 2019-20

Suspension Rate by Region

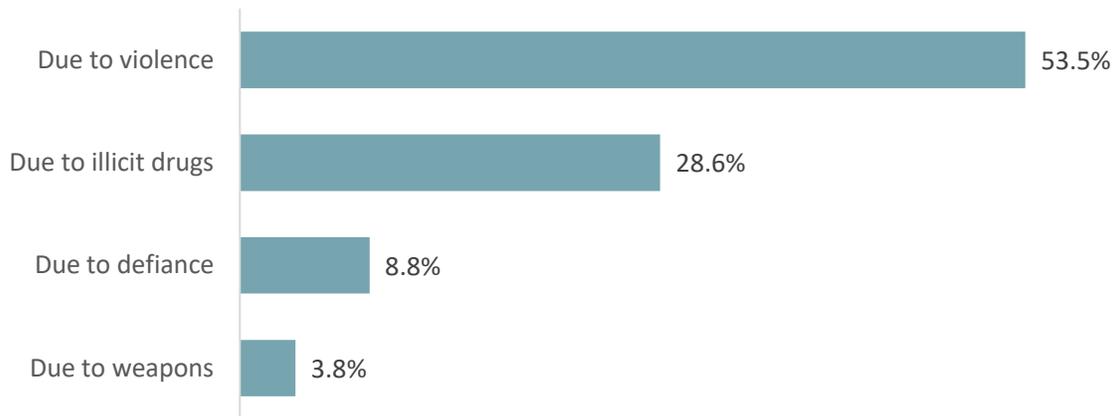


Percent of Suspensions by Type

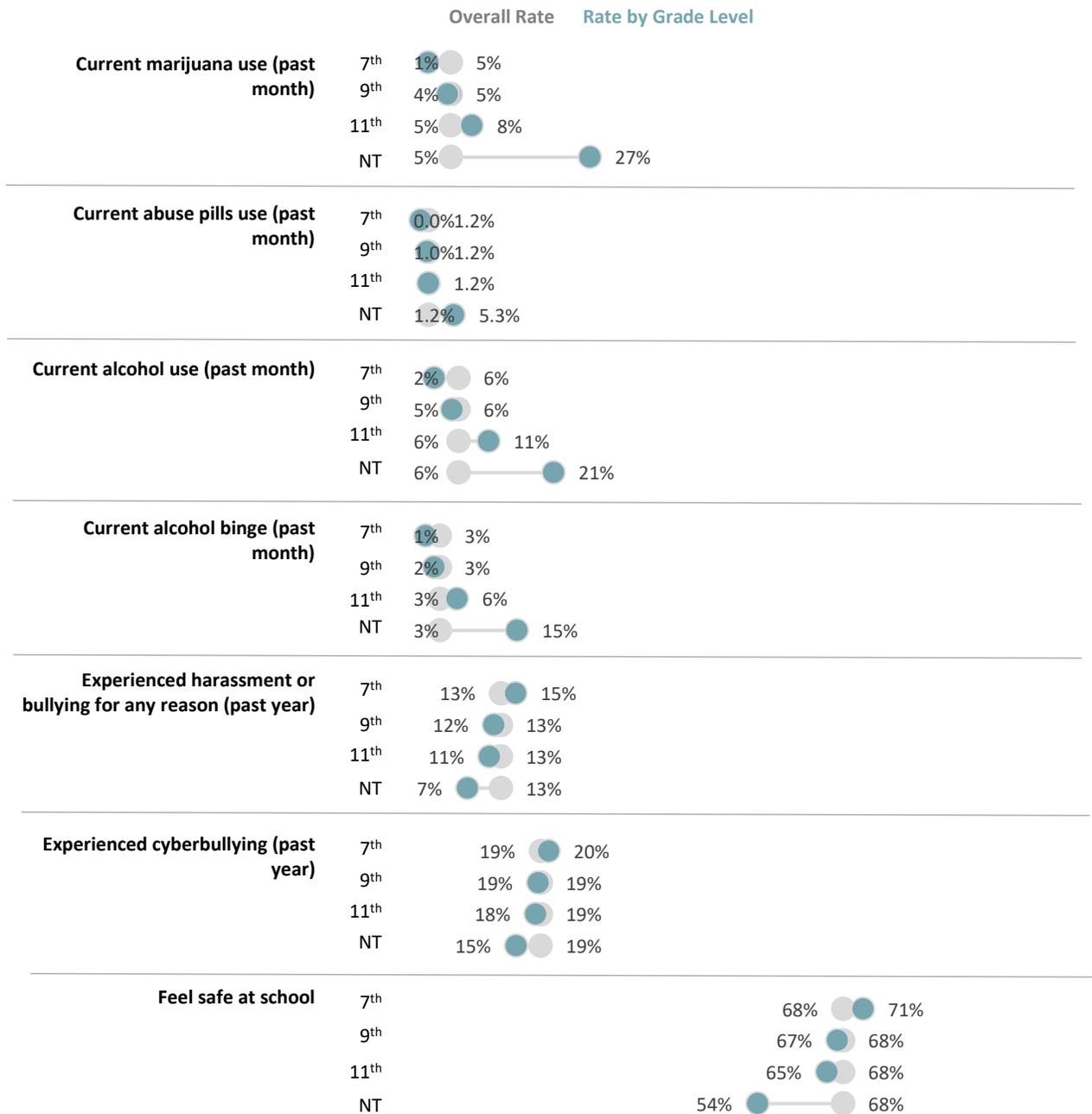
Region	Due to violence	Due to weapons	Due to illicit drugs	Due to defiance
Region 1	54.3%	4.9%	30.9%	2.1%
Region 2	53.4%	3.2%	29.6%	9.6%
Region 3	48.8%	4.0%	28.4%	13.5%
Region 4	62.9%	4.8%	20.0%	6.3%
Region 5	55.8%	4.0%	26.3%	6.8%
Region 6	57.8%	3.8%	29.6%	6.0%
Region 7	50.5%	2.4%	33.6%	8.4%
County	53.5%	3.8%	28.6%	8.8%

Source: California Department of Education, DataQuest 2019-20

Countywide Suspensions by Type



Student Self-Reported Risk Factors

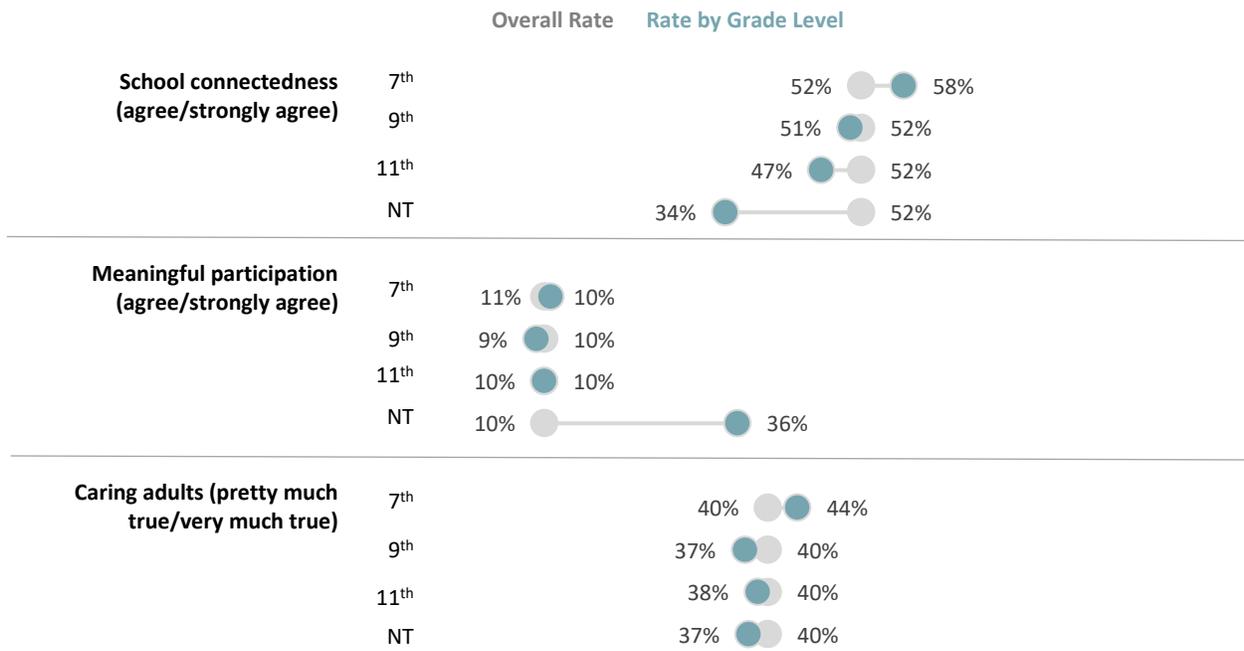


Source: California Healthy Kids Survey (CHKS), most recent year (2019-20 and 2020-21)



Protective Factors

Student Self-Reported Protective Factors



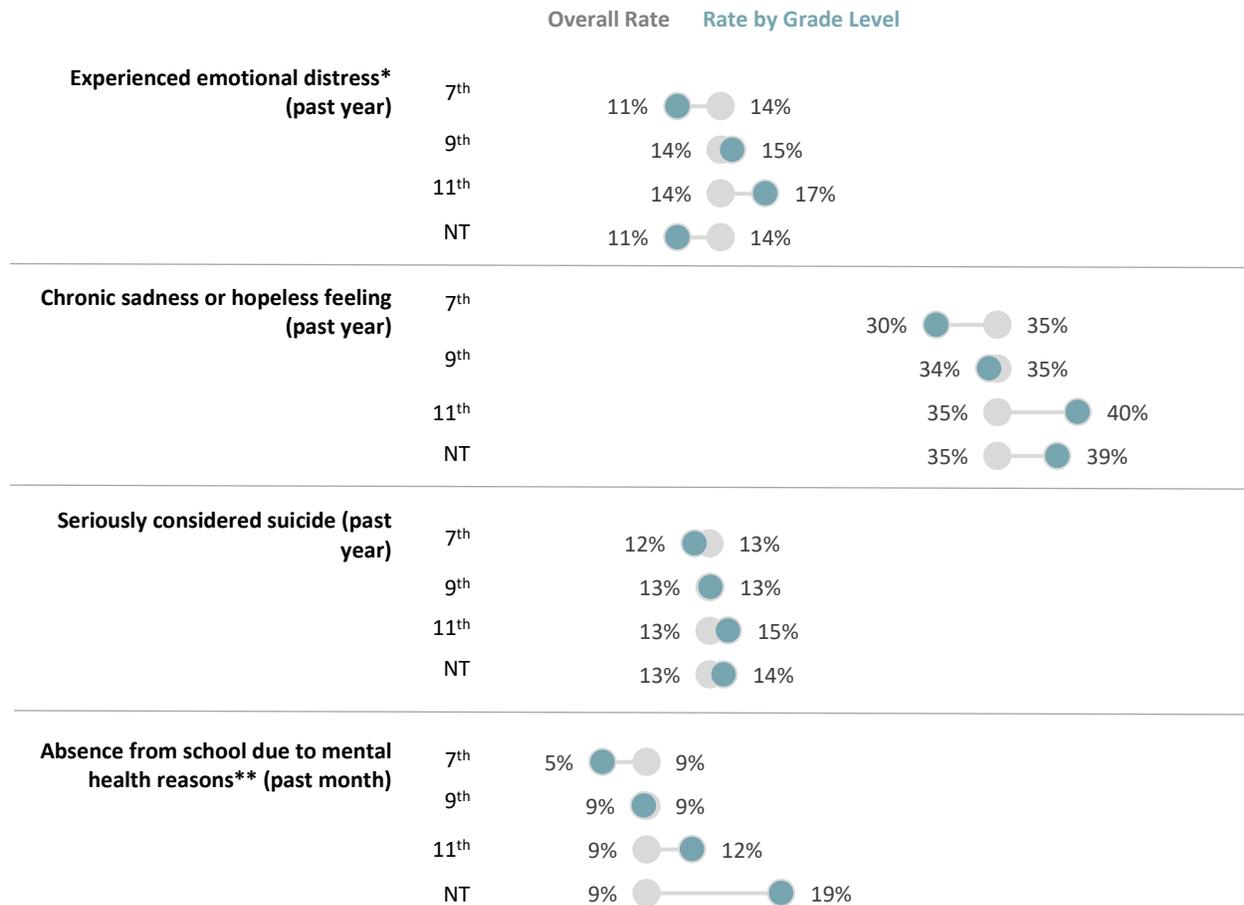
Source: California Healthy Kids Survey (CHKS), most recent year (2019-20 and 2020-21)



MENTAL HEALTH INDICATORS

Data in this section were derived from the California Healthy Kids Survey (CHKS) and the Orange County Health Care Agency. Data are provided for the most recent year of availability, and are noted for each indicator.

Student Self-Reported Mental Health



*Note: Experienced emotional distress in past year was calculated into a scale by averaging 10 items. A breakdown of those 10 items is provided below. These questions were only asked in 2020-21.

**Note: Absence from school due to mental health reasons includes students who indicated they were absent due to at least one of four reasons. A breakdown of those items is shown in the table on the next page.

Source: California Healthy Kids Survey (CHKS), most recent year (2019-20 and 2020-21)



Experienced Emotional Distress (2020-21)

In the past 30 days,

	County Total	7th	9th	11th	NT
I had a hard time breathing because I was anxious	19%	16%	20%	23%	17%
I worried I would embarrass myself in front of others	39%	38%	41%	39%	21%
I was tense and uptight	27%	21%	29%	34%	18%
I had a hard time relaxing	34%	29%	35%	39%	26%
I felt sad and down	34%	29%	34%	41%	27%
I was easily irritated	36%	30%	37%	41%	31%
It was hard to cope and I thought I would panic	21%	17%	22%	25%	17%
It was hard for me to get excited	21%	17%	22%	26%	20%
I was easily annoyed and sensitive	32%	29%	33%	36%	24%
I was scared for no good reason	20%	17%	21%	23%	16%

Source: California Healthy Kids Survey (CHKS), 2020-21

Absence due to Mental Health Reasons Past 30 Days

Past 30 days, absence from school due to:

	County Total	7th	9th	11th	NT
Feeling very sad, hopeless, anxious, stressed, or angry	8%	5%	8%	12%	16%
Being bullied or mistreated at school	0.6%	0.6%	0.6%	0.5%	0.5%
Not feeling safe at school or going to and from school	0.6%	0.5%	0.6%	0.7%	2%
Using alcohol or drugs	0.5%	0.3%	0.5%	0.6%	3%

Source: California Healthy Kids Survey (CHKS), most recent year (2019-20 and 2020-21)



Crisis Indicators

Self-Harm and Death by Suicide (2016-2020)

The table below shows 5-year Emergency Department (ED) visits due to intentional self-harm and total deaths by suicide, by city for youth ages 10-13, 14-18, and 10-18 (2016-2020).

City of Residence	10-13 year olds			14-18 year olds			10-18 year olds		
	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide
Aliso Viejo	13	9.0	1	56	32.9	2	69	21.9	3
Anaheim	74	7.0	0	355	27.2	5	429	18.1	5
Brea	8	7.7	0	31	22.4	1	39	16.1	1
Buena Park	12	5.7	0	60	22.1	1	72	14.9	1
Costa Mesa	22	8.0	0	138	40.6	3	160	26.0	3
Coto de Caza	8	8.5	0	28	19.2	1	36	15.0	1
Cypress	16	14.8	0	41	25.8	0	57	21.3	0
Dana Point	10	15.3	0	44	54.9	0	54	37.2	0
Fountain Valley	9	7.6	0	49	29.2	1	58	20.2	1
Fullerton	30	8.8	1	139	28.3	0	169	20.3	1
Garden Grove	34	7.1	0	141	23.6	3	175	16.3	3
Huntington Beach	47	11.1	1	158	28.2	3	205	20.8	4
Irvine	32	5.5	1	234	26.7	4	266	18.2	5
Ladera Ranch	4	3.5	1	25	19.1	3	29	11.8	4
Laguna Beach	2	4.5	0	21	34.4	0	23	21.9	0
Laguna Hills	5	8.2	0	23	26.5	0	28	18.9	0
Laguna Niguel	7	4.7	0	57	27.6	1	64	18.0	1
La Habra	10	5.4	0	42	18.0	0	52	12.4	0
Lake Forest	9	4.8	1	84	35.5	3	93	21.9	4
La Palma	2	5.7	0	6	12.2	0	8	9.5	0
Los Alamitos*	8	9.6	0	17	14.3	0	25	12.3	0
Mission Viejo	23	10.9	1	102	33.8	2	125	24.3	3
Newport Beach	7	4.3	0	58	25.3	2	65	16.6	2



North Tustin	4	3.4	0	51	31.6	0	55	19.6	0
Orange/Villa Park	36	9.8	1	194	37.8	3	230	26.2	4
Placentia	11	8.1	0	44	24.9	0	55	17.6	0
Rancho Santa Marg.	12	8.2	0	55	30.8	0	67	20.7	0
San Clemente	8	4.3	0	50	20.6	0	58	13.5	0
San Juan Capistrano	10	10.7	0	33	26.3	1	43	19.7	1
Santa Ana	71	7.4	1	306	25.5	4	55	19.6	0
Stanton	13	14.3	0	26	24.3	0	39	19.7	0
Tustin	34	14.2	0	87	30.4	2	121	23.0	2
Westminster/ Midway City	11	4.4	0	105	32.9	0	116	20.3	0
Yorba Linda	13	8.0	0	80	33.2	0	93	23.0	0
County	617	7.7	9	2,968	28.2	45	3,585	19.4	54

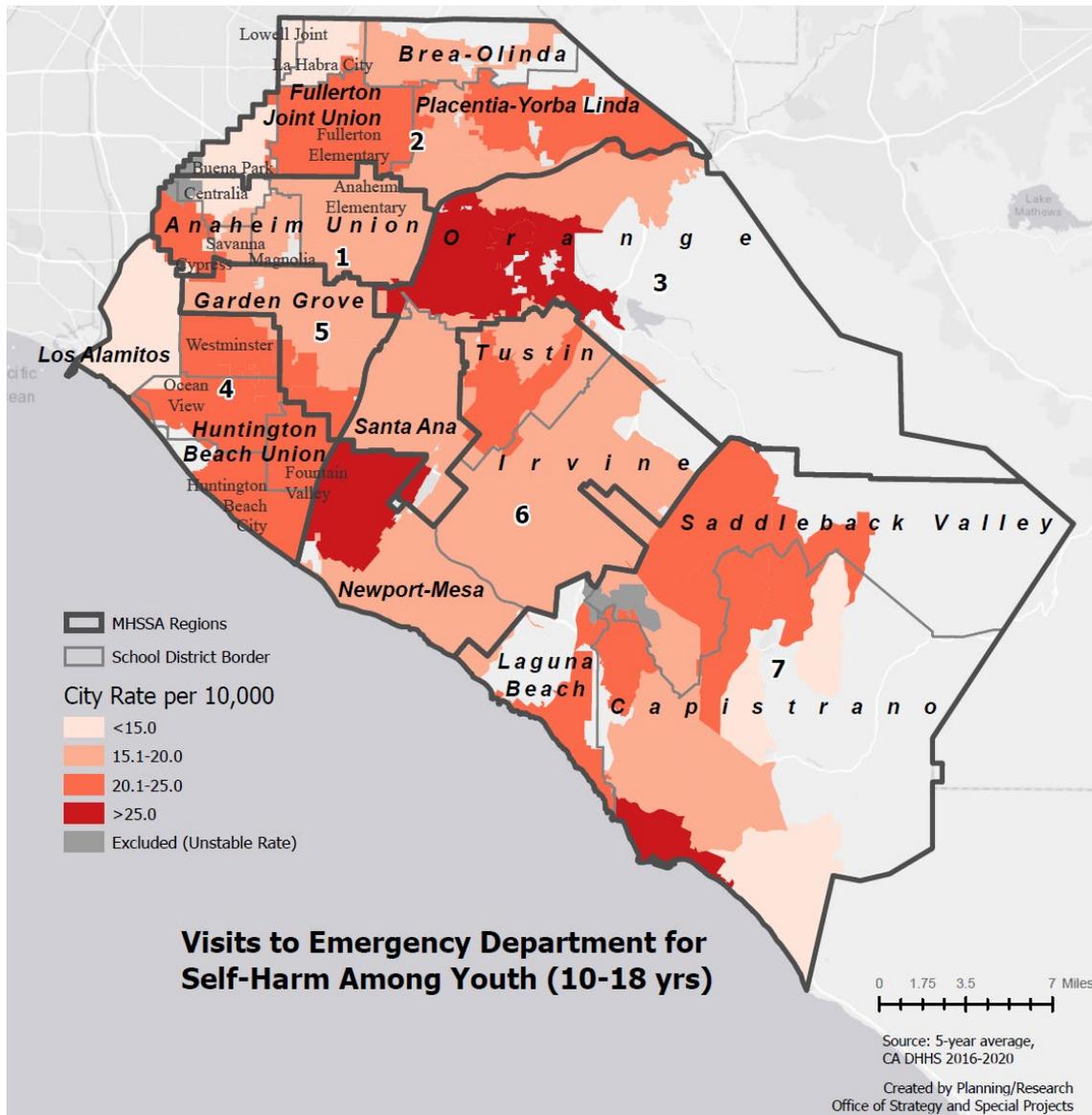
Source: OCHCA - Planning/Research, Office of Strategy and Special Projects; Notes: Parts of some cities fall into more than one region, so this is not an exact count in each region; there were also 8 ED visits for youth 14-18 living in unincorporated areas. -- rate not calculated due to small population size; *incl. Los Alamitos, Seal Beach, & Rossmoor.

The table below shows 5-year Emergency Department (ED) visits due to intentional self-harm and total deaths by suicide, by MHSSA Region for youth ages 10-13, 14-18, and 10-18 (2016-2020).

MHSSA Region	10-13 year olds			14-18 year olds			10-18 year olds		
	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide	Total ED Visits for Self-Harm	Rate per 10,000	Total Deaths by Suicide
Region 1	117	7.8	0	488	25.8	6	605	17.8	6
Region 2	158	7.2	1	751	26.3	7	909	18.0	8
Region 3	314	7.4	3	1,572	28.5	26	1,886	19.3	29
Region 4	125	8.5	1	511	26.6	7	636	18.8	8
Region 5	228	7.4	1	1,023	26.5	13	1,251	18.1	14
Region 6	99	7.2	1	568	30.0	11	667	20.4	12
Region 7	111	7.4	4	578	29.3	13	689	19.8	17
County	617	7.7	9	2,968	28.2	45	3,585	19.4	54



The following map provides a graphic representation of the 2016-2020 self-harm rates by city for youth ages 10-18, in the county.



Source: OCHCA – Planning/Research, Office of Strategy and Special Projects

Crisis Assessment Team (CAT) Calls

Number of CAT Evaluations for Children and Youth by City of Residence

City	FY19/20	FY20/21	% Change
Aliso Viejo	11	15	36%
Anaheim	296	385	30%
Brea	12	23	92%
Buena Park	18	37	106%



Capistrano Beach	0	1	--
Costa Mesa	80	80	0%
Cypress	19	30	58%
Dana Point	7	9	--
Foothill Ranch	0	2	--
Fountain Valley	71	130	83%
Fullerton	109	135	24%
Garden Grove	93	72	-23%
Huntington Beach	92	111	21%
Irvine	151	237	57%
Ladera Ranch	0	3	--
Laguna Beach	80	108	35%
Laguna Hills	45	53	18%
Laguna Niguel	3	13	333%
Laguna Woods	0	2	--
La Habra	18	18	0%
Lake Forest	18	26	44%
La Palma	22	19	-14%
Los Alamitos	32	47	47%
Midway City	0	1	--
Mission Viejo	197	291	48%
Newport Beach	151	201	33%
Orange	89	100	12%
Placentia	33	54	64%
Rancho Santa Marg.	7	22	214%
San Clemente	12	14	17%
San Juan Capistrano	8	11	38%
Santa Ana	220	186	-15%
Seal Beach	0	6	--



Stanton	5	8	--
Trabuco Canyon	0	1	--
Tustin	32	45	41%
Villa Park	3	1	--
Westminster	23	31	35%
Yorba Linda	9	8	--
County	1,978	2,547	29%

Number of CAT Evaluations for Children and Youth by MHSSA Region

MHSSA Region	FY19/20	FY20/21	% Change
Region 1	360	479	33%
Region 2	495	660	33%
Region 3	1,115	1,307	17%
Region 4	330	428	30%
Region 5	727	843	16%
Region 6	414	563	36%
Region 7	388	571	47%
County	1,978	2,547	29%

There is overlap in data across regions, as these region totals were calculated based on city data, and some cities fall into more than one region.

Number of CAT Evaluations for Students Initiated by District

District	FY19/20	FY20/21	% Change
Anaheim Elementary School District	13	6	-53.8%
Anaheim Union High School District	69	26	-62.3%
Brea-Olinda USD	5	7	--
Buena Park School District	0	0	--
Capistrano USD	22	21	-5%
Centralia School District	1	2	--



Cypress School District	0	6	--
Fountain Valley School District	2	0	--
Fullerton Elementary School District	5	8	--
Fullerton Joint Union High School District	20	2	-90.0%
Garden Grove USD	55	7	-87%
Huntington Beach City School District	2	1	--
Huntington Beach Union High School District	11	0	-100%
Irvine USD	25	27	8%
Laguna Beach USD	3	0	--
La Habra School District	3	2	--
Los Alamitos USD	4	3	--
Lowell Joint School District	*	1	--
Magnolia School District	0	0	--
Newport Mesa USD	27	7	-74%
Ocean View School District	3	4	--
Orange USD	13	19	46%
Orange County Department of Education	2	2	--
Placentia Yorba Linda USD	2	2	--
Saddleback Valley USD	2	1	--
Santa Ana USD	115	31	-73%
Savanna School District	7	1	--
Tustin USD	8	4	--
Westminster School District	4	8	--

Source: OCHCA - Children and Youth Behavioral Health Services, Crisis Assessment Team (CAT) program report, 2019-20/2020-21. *Data not available for 2019-20.



NEEDS ASSESSMENT

Data in this section were derived from the 2021-22 Orange County MHSSA Reflection and Needs Assessment Survey administered by OCDE in September-November, 2021. In total, 29 of the 30 participating district and school partners completed a survey during September/October 2021.¹ Lowell Joint did not complete the Reflections portion of the survey, as they joined the partnership near the end of year one (in July 2021).

Region	District/School Partners Responding
1	Anaheim Union High School District, Anaheim Elementary SD, Centralia SD, Cypress SD, Magnolia SD, Savanna SD
2	Brea Olinda USD, Buena Park SD, Fullerton Joint Union High School District, La Habra City SD, Lowell Joint SD, Placentia Yorba Linda USD
3	Orange USD, Santa Ana USD
4	Fountain Valley SD, Huntington Beach City SD, Huntington Beach Union High School District, Los Alamitos USD, Ocean View SD, Westminster SD
5	Garden Grove USD, OCDE ACCESS, OCDE Special Schools
6	Irvine USD, Newport Mesa USD, Tustin USD
7	Capistrano USD, Laguna Beach USD, Oxford Preparatory Academy Charter*, Saddleback USD

*Oxford Preparatory Academy has two locations, and is included with Region 7 for MHSSA coordination.

Training and Professional Development (PD) Priorities for This School Year

Staff PD Training Needs: District/school partners were asked to rank their top three staff PD priorities for this school year. Across the county, the top priorities were trainings focused on creating trauma-informed schools/classrooms/teaching practices, supporting students with resilience/empathy and problem-solving skills, culture and mental health, and mental health and trauma screening. Three districts said they do not need support with staff PD this year. Priorities are shown in the table below.

Mental Health Topic	# districts
Trauma-informed schools/classrooms/teaching	8
Supporting students with resilience building/empathy/problem-solving skills	8
Culture and mental health	7
Mental health and trauma screening	7
SEL training	6
Available community mental health services and how to access them	5
Support students with self-care/mindfulness/stress and coping	5
Impact of the pandemic on mental health	5
Self-care/mindfulness/stress and coping for staff	4

¹ Participating HCA partners also completed a reflections and priorities survey during November 2021, and RMHCs began a reflections and goal achievement process in August/September 2021 which will continue upon reviewing district responses to the annual survey. Those results will be available in a forthcoming Countywide Reflections report for GY1.



Youth depression and anxiety	4
Risk or threat assessment	4
Suicide prevention, response, and postvention	4
Restorative practices	4
Available school-based mental health services and how to access them	3
Stigma reduction	1
Mental health awareness/basics	1
Crisis response and postvention	1
Trauma-informed practices for SROS/DSOs	1
<i>No support needed for staff PD</i>	3

SBMH Staff Expansion and Support Needs: District/school partners were asked whether and how many new SBMH staff positions they had recently or were in the process of hiring, as well as how RMHCs can best support them in developing or enhancing their SBMH teams during the 2021-22 school year.

Recently Hired or Planning/In Process of Hiring SBMH Positions. Nearly all (27 of 29) of the responding district/school partners are hiring new SBMH staff, including:

- 14 districts hiring Licensed MH Staff (LMFT, LCSW, LPCC, LEP)
- 11 districts hiring Unlicensed MH Staff or Case Managers (Associate MFT, SW, PCC, EP)
- 10 districts hiring School Counselors
- 7 districts hiring School Psychologists

The most common support requested was SBMH staff training/PD. Below are some of the comments from district/school partners on their support needs:

- *Continue to inform us of PD and other no-cost MH related trainings (we are only allowed one paid training through the district this year).*
- *Continue to offer PD and share resources with our team.*
- *Continue to offer trainings and collaborate with our team.*
- *Offer a range of SBMH professional development to improve internal practices.*
- *Increase internal/external professional development opportunities for new staff.*
- *Provide trainings for staff and parents, being available for staff to consult; provide individualized support and case management.*
- *Provided training and resources to staff to support students and families as identified in our universal screener.*
- *Providing professional development and/or awareness of additional PD opportunities for SBMH skill development.*
- *Team trainings, job alike.*
- *Continued trainings and support as new hires come on board.*
- *Trainings from specific interventions to SEL.*



Other types of support mentioned by districts included being available to provide guidance and support, supporting with securing additional funding for staff, infrastructure/P&P development, and supporting with coordinating and supporting interns:

- *I think just having our RMHC as a point of contact and her availability to help answer/support with any questions is so helpful. As we take on our next steps this year, it's definitely peace of mind knowing [RMHC] is in our corner.*
- *Keep connecting with us even when it gets busy. We need time to refocus on mental health otherwise other emergencies will always get in the way.*
- *Funding for more long term or permanent positions.*
- *Help identify how we secure long term funding for this support.*
- *Development of procedures and protocols.*
- *Reviewing policies and procedures.*
- *...help establish those foundational structures (e.g. crisis response, threat assessment) as we build those systems.*
- *We will need to develop our MOUs with graduate level counseling programs (MFT, Social Work, Clinical Psych, etc.) so helping coordinate that will be helpful.*
- *Supervision of interns and associates, integrating licensed / associates into the school system.*

Parent/Caregiver Mental Health Training Needs: District/school partners were asked to rank their top three parent/caregiver training priorities for this school year. Across the county, the top priorities were trainings focused on mental health awareness/basics, available community mental health services and how to access them, and trauma-sensitive parent/understanding the impacts of trauma on learning and well-being. Only one district said it does not need support with parent/caregiver trainings this year. Priorities are shown in the table below.

Mental Health Topic	# districts
Mental health awareness/basics	11
Available community mental health services and how to access them	11
Trauma-sensitive parenting/Understanding impacts of trauma on learning and well-being	10
Supporting youth with self-care/mindfulness/stress and coping	8
Supporting youth with resilience building/empathy/problem-solving skills	8
Impact of the pandemic on mental health	7
Youth depression and anxiety	6
Self-care/mindfulness/stress and coping for parents	5
Suicide prevention	5
Culture and mental health	5
Stigma reduction	3
Available school-based mental health services and how to access them	2
<i>No support needed for training parents/caregivers</i>	1



Student MH Training Needs: District/school partners were asked to rank their top three student training priorities for this school year. Across the county, the top priorities were trainings focused on resilience/empathy/problem-solving skills, and self-care/mindfulness/stress and coping. Other county priorities include trainings for students on healthy online social interactions and mental health awareness/basics. Only one district said it does not need support with student mental health trainings this year. Priorities are shown in the table below.

Mental Health Topic	# districts
Resilience/empathy/problem-solving skills	18
Self-care/mindfulness/stress and coping	16
Healthy online social interactions	11
Mental health awareness/basics	10
How to access school-based mental health services	7
Bullying prevention	5
Culture and mental health	5
Understanding trauma	4
Suicide prevention	4
How to access community-based mental health services	2
Stigma reduction	2
<i>No support needed for training parents/caregivers</i>	1

Biggest Challenges Anticipated in Addressing Mental Health Needs of Students, Families and Staff

During 2021-22 School Year: By far, the biggest concerns or challenges identified by district/school partners related to mental health were concerns over the number of students coming back to school with mental health challenges, and not having sufficient staff to address mental health needs. Below is a sampling of some of the comments provided by districts:

- *Students returning to 'on the ground' learning'. Influx in students with unaddressed mental health needs who were on distance learning and did not receive support by their district for whatever reason. Challenges with continuity of care.*
- *It's difficult to establish protocols where there are daily emergencies that take time and intentionality to address. It's difficult to "build the plane" and "fly it" at the same time.*
- *An influx of referrals due to the pandemic.*
- *We are anticipating that we will have students in need of intervention that go beyond what can be provided at a school site level. Specifically, mental health issues like suicidal ideation.*
- *More students are at a tier 3 level of need or beyond. we are seeing more students with paranoia disorder, severe depression, and young children who have school refusal.*
- *Helping students deal with loss, isolation, and managing emotions due to COVID.*
- *Not enough staff dedicated to mental health, staff are pulled in many directions; community resources not actually available.*
- *Staffing: filling vacant positions/keeping current staff.*
- *Limitations in available time for providing tier 1 trainings, limited personnel available to provide training, coaching, and direct support.*



- *Limitations in available time for providing tier 1 trainings, limited personnel available to provide training, coaching, and direct support.*
- *The needs are a bottomless pit. Without the end of the pandemic in sight, we are in some ways without resolution.*

Top MH Infrastructure Priorities for 2021-22 School Year: District/school partners were asked to rank their top mental health infrastructure priorities for this school year. Across the county, the top priorities were: creating trauma-informed classrooms/teaching practices/school climate, developing a district-wide system to screen students to identify mental health needs, and developing or strengthening referral protocols/processes to Tier II and III mental health services. Priorities are shown in the table below.

Mental Health Infrastructure Topic	# districts
Creating trauma-informed classrooms/teaching practices/school climate	10
Developing a district-wide system to screen students to identify mental health needs (including screening tools)	9
Developing/strengthening referral protocols/processes to Tier II and III mental health services	9
Strengthening MTSS models and aligning services to tiers	7
Providing district-wide culturally responsive mental health supports for students through professional development and support to families	6
Developing a district protocol for school site teams to meet regularly to identify mental health concerns and priorities	5
Developing/Strengthening district protocols for managing mental health during the pandemic	5
Developing district reentry protocols for students returning from inpatient hospitalization and/or incarceration	5
Expanding partnerships with community organizations to meet student mental health needs	5
Developing a post-crisis response protocol	4
Developing/Strengthening district risk assessment protocols	3
Enhancing peer-to-peer supports/youth led mental health activities	3
Establishing a district protocol for families who decline mental health services	3
Establishing transitional bridge programs (from elementary to middle, and middle to high school) to improve students' social emotional and academic success	2
Developing/Strengthening district threat assessment protocols	2
Expanding current suicide prevention practices	2
Establishing an internship program	2
Review and get feedback on existing home visit protocols	1
<i>No need for assistance with enhancing mental health infrastructure this year</i>	3



Technical Notes

DataQuest

1. Region totals were calculated by summing school district data within each region. Because CDE's DataQuest data is unduplicated at the district and county level, it is not summative at region level. Therefore, there may be duplicates if a student moved between districts during the academic year.
2. Because Lowell Joint School District is classified as Los Angeles County in CDE's DataQuest, it was added to the Orange County total.

California Healthy Kids Survey (CHKS)

1. The county total was calculated using the average of the districts that administered the survey in the past two years. The list below indicates the districts included, the most recent academic year data were available, and sample size.

District	Year	Sample Size
Anaheim Union High	2019-20	11,203
Buena Park Elementary	2020-21	417
Capistrano Unified	2020-21	9,046
Fountain Valley Elementary	2020-21	695
Fullerton Joint Union	2019-20	4,743
Fullerton Elementary	2019-20	1,326
Garden Grove Unified	2020-21	6,770
Huntington Beach City Elementary	2019-20	553
Irvine Unified	2019-20	6,067
Laguna Beach Unified	2019-20	657
Newport-Mesa Unified	2020-21	3,483
Ocean View	2020-21	785
Orange County Department of Education	2020-21	253
Saddleback Valley Unified	2019-20	5,123
Santa Ana Unified	2020-21	8,585
Tustin Unified	2020-21	3,459
Westminster	2019-20	788

