Policy Brief: Trauma, Grief and Loss Services for Adolescent Students in California

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Executive Summary

There has been much research to try to identify the rising numbers of adolescents who are seemingly in mental distress and emotional crisis. Recent data shows a notable spike in diagnoses of depression and anxiety among young people, in addition to a rise in their fatal and destructive behavior associated with mental distress.[i] However, service delivery of mental health services and interventions with young people do not yet match the rise in need. While some children access care and support outside of schools, many children are more likely to access health care through school, and there is an increasing national trend for schools to be trauma-informed and trauma-sensitive.[ii] Unfortunately, within most school systems, particularly in California, specialized trauma, grief and loss (TGL) psychoeducational and therapeutic interventions for children, particularly older adolescents during a crucial time period as they transition to adulthood, remains limited. There are often few to no consistently designated or trained TGL mental health professionals to work with students.

TGL services for Californian adolescents are needed now more than ever. It is crucial for students' well-being, long-term health, and educational outcomes to have easily accessible TGL services at no cost to them. TGL services are especially critical for students of color and immigrant students, as well as other vulnerable student populations who are in need of mental health services.

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This brief highlights the critical need for TGL services for Californian children and youth, especially adolescents. Much of this research and the policy and funding recommendations came from the authors' time as California State Policy Fellows through the Women's Foundation of California's Women's Policy Institute co-sponsoring the legislative bill Assembly Bill (AB) 2366, introduced in the California Assembly by Assemblymember Kansen Chu on February 18, 2020.[iii] The authors of this brief encourage advocates and policy makers in California to revisit the provisions introduced in AB 2366 and build upon this foundation.

Our recommendations are as follows:

Potential Funding Sources

- Look to additional potential funding sources such as through: 1) Mental Health Services Act (MHSA) (particularly the Prevention and Early Intervention component (PEI) and Innovation component), as well as the Local Education Agency (LEA) Medi-Cal Billing Option Program.

Legislation

- Introduce or reintroduce TGL-specific legislation, such as AB 2366 (Chu, 2020), preferably to help school districts train and designate TGL mental health professionals in a flexible model, and collect data.

Provision of TGL Services

- California school districts should either have designated TGL counselors available to high school students, or should form a partnership with a county or community-based agency to employ a TGL counselor. TGL services should be provided at accessible time periods before, during, and after school hours.
- Services should be available in both for one-on-one sessions and for group settings, to accommodate different needs and styles of students.
- At school sites, TGL counselors should have a private room to conduct TGL services (individually or in group sessions), with soundproofing to ensure confidentiality.

Requirements for TGL Counselors

- TGL counselors should have specific evidence-based training to address TGL.
- TGL counselors should have training in anti-racism and should understand the diverse needs of students as related to racism, harmful immigration policies, and other systemic inequities, and should be able to offer culturally and linguistically appropriate services.
- The mental health field more broadly should seek to increase the diversity of its practitioners, as well as support and strengthen linguistically and culturally appropriate services for students.
- TGL counselors should have access to resources to address vicarious trauma.

Adaptations for Telehealth Services

- Telehealth adaptations are provided for as long as needed while schools are operating virtually.
- Telehealth adaptations should include safety and privacy considerations for students as they receive services in their homes.
- Telehealth adaptations should include the provision of resources that students may need in order to receive TGL services, including computers or internet services.

How Trauma, Grief and Loss (Loss) Affects Children and Adolescents

Trauma, a traumatic event, and traumatic stress: Trauma occurs when a child experiences an intense event that threatens or causes harm to their emotional and physical well-being.[iv] Traumatic events can involve an actual death, other loss, serious injury, or threat to the child's well-being. These events could include natural or man-made disasters, interpersonal violence, school shootings, car accidents, war, or terrorist acts, among many other possibilities. These events can be personal, private experiences, or public experiences. Examples of personal and private events include but are not limited to sexual assault, sexual abuse, domestic violence, and witnessing domestic violence. Children suffering from child traumatic stress have been exposed to one or more traumas and develop daily, persistent reactions even after the traumatic events have ended.[v] A child may be traumatized by directly experiencing or witnessing a traumatic event or by hearing about another person's experience with such an event.[vi] Children respond to trauma in different ways, and their responses can change over time.

Grief and traumatic grief: Grief describes the different types of feelings that naturally arise following a death. While most people recover and adjust to the death of an important person, some may develop Childhood Traumatic Grief. Traumatic grief can occur following a death from sudden, unexpected causes such as from a homicide or suicide, disasters, accidents, or a sudden medical condition. Children can experience these symptoms even if death was due to natural causes or advanced age, especially if the child was surprised or scared by the death or was exposed to complex medical procedures. Some children may also display grief-related traumatic stress reactions.[vii]

Case Example: Angela, 16-years old, experienced loss of friendships, teachers, and other support networks when the schools closed due to the COVID-19 pandemic. Angela was not able to attend junior prom and is worried about keeping up with school remotely and graduating this year, particularly as an English Language Learner whose first language is Mam, an indigenous Maya language. Wifi access in the rural area she lives in the Central Valley also remains weak and sparse. She spends a lot of time helping her younger siblings who are 13-years old and 6-years old logon to school remotely on the one laptop her family has. Her mom, a farmworker, fell ill from COVID-19 earlier this year. It was a frightening experience, and while she was able to recover, Angela lives in perpetual fear that her mom or other people in her life that are essential workers may fall ill and die from the virus. Recently, Angela and her siblings have felt sick from the wildfire smoke and bad air, but are unable to afford an air purifier. Her mother, who is still recovering from COVID-19, has been taken back to the emergency room for breathing problems because of the wildfire smoke.

Loss and traumatic loss: Many children experience some type of loss in their lives that occurs as a result of a change or disruptions in the child's life. Death is a recognized form of final loss, but not the only type of loss children may experience. Ambiguous loss, intangible forms of loss that are not readily acknowledged, is just as prevalent; in fact, some types of ambiguous losses may be shrouded in secrecy or stigma, such as deportation, separation of immigrant and migrant families, incarceration, or placement in foster care.[viii] Broadly speaking, a child can also experience loss through parental separation, divorce, illness of a loved one, relocation to a new home or school, break-up with a romantic partner, military deployment of a loved one, or the loss of a friendship or pet. Traumatic loss refers to sudden and violent modes of death and describes the subjective aspects

of the survivor's experience. Traumatic loss may occur because of death of a loved one, but can also involve repeated relocations, abuse, immigration, severe and persistent mental illnesses, substance dependence, injury, abandonment, foster care placement, or incarceration.[ix]

Adolescence remains a key time for mental health services: Research has demonstrated that investments in early childhood can yield significant social and economic returns in adulthood, particularly for disadvantaged youth.[x] Research also supports the concurrent need to invest resources to address adolescents needs, particularly for those who may not have received early childhood supports and/or who continue to experience adverse childhood experiences (ACEs) into adolescence.[xi] Adolescence (ages 11 to 21 years) itself is a unique developmental stage of rapid growth. During this time, adolescents experience physical and sexual maturation, develop more abstract and long-term thinking, and engage in risk-taking behaviors as they establish their independence. Many unhealthy coping strategies often start during adolescence.[xii] Thus, adolescence is a key window of opportunity and time to promote positive mental health and reduce negative consequences of mental health issues by ameliorating traumatic impacts. Adolescence is also an important time period to positively alter the life course trajectory during the transition to independence and adulthood.[xiii] Additionally, adolescents are generally allowed to consent to their own mental health care, rendering it procedurally easier to provide therapeutic interventions at school to this age group.[xiv]

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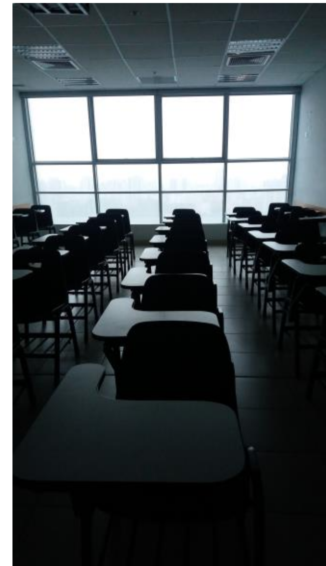
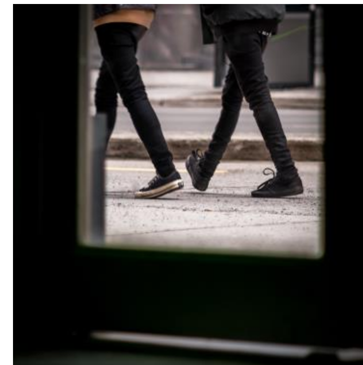
Potential negative educational outcomes from untreated TGL: The effects of trauma during childhood and adolescence have impacts on adolescent health and educational status. Grief and loss reactions can heighten traumatic stress reactions and worsen symptoms, such as an inability to focus. Untreated TGL is associated with a disruption in education and negative school outcomes. For example, grieving students frequently miss school or can be pushed to resolve their grief by prematurely returning to the classroom. Upon returning early to school, adolescents may withdraw from social situations, often have difficulty concentrating, may have to repeat a grade in school, and be at increased risk for learning and behavioral issues.[xv] In the classroom, behaviors resulting from exposure to trauma can lead to reduced instructional time, suspensions, and expulsions.[xvi] These types of setbacks in school have been shown to increase individuals' likelihood of dropping out, experiencing unemployment or underemployment, and poverty.[xvii] School environments that do not recognize when externalizing behaviors and emotional dysregulation of a student are a result of trauma and loss may respond in a punitive and potentially harmful way. Unintended consequences can result from unaddressed trauma, such as greater school dropout and justice system involvement of those who are suspended or expelled from school. Disproportionately, this affects African American and Black students, who are four times more likely than their white peers to be suspended.[xviii]



Potential negative health issues from untreated TGL: Those who experience adversity in childhood, and do not have access to healing systems, are at an increased risk for major health complications such as heart disease, diabetes,[xix] and suicide. Furthermore, exposure to ACEs is associated with an increase in health-risk behaviors such as smoking, eating disorders, substance use, and high-risk sexual behaviors leading to teen pregnancy and sexually transmitted infections.[xx]

Trauma, Grief, and Loss by the Numbers



- **Adverse Childhood Experiences (ACEs):** Among adults in California, 61% reported ACEs, potentially traumatic events that occur in childhood (0-17 years). ACEs were associated with $10.5 billion in excess personal healthcare spending.[xxi] 18.5% of California youth ages 12-17 have reported two or more ACEs.[xxii] The National Survey of Children's Health (NSCH) data from 2016-2018 show that 38% of California children ages 0-17 had been exposed to at least one ACE, and around 4% had been exposed to at least four.[xxiii]

- **Loss of a Parent/Caregiver:** The death of a loved one has been identified as one of the most distressing life events among both adults and youth.[xxiv] 4% of children experience a parent's death, and 1 in 20 lose a parent by 18 years.[xxv] This often leads to other losses, such moving/switching schools or living with a different caregiver. Nationally, 5.1 million children have had a parent in jail or prison.[xxvi] In California, 20% of all individuals under 18 were living in mixed-status families, meaning they were undocumented themselves or living with someone who was--someone vulnerable to deportation.[xxvii]

- **Loss of Peers:** The three leading causes of death among teenagers are accidents, suicide, and homicide. In 2017, there were 10,886 deaths for youth ages 15–19 years.[xxviii] From 2009-2018, 114 people were killed and 242 were injured in K-12 school shootings.[xxix]

- **Youth Suicide:** From 2007-2017, the suicide rate increased 76% for ages 15–19.[xxx] In 2015-2017, an estimated 16% of California 9th and 11th graders and 12% of non-traditional students seriously considered attempting suicide in the previous year; in Grades 9 and 11, at least 20% of girls seriously considered suicide. Californian students with low levels of school connectedness were much more likely to have serious suicidal thoughts at 32%, and LGBT youth who seriously considered attempting suicide at 46%, more than three times the estimate for straight youth.[xxxi]

Case Example: Jane, a 16-year old, lost her best friend Anita when Anita died by suicide. Jane's parents divorced recently, and her mother does not feel that she has the time or money to take Jane to a therapist on her own. Jane is partaking in group therapy sessions at school with other youth affected by Anita's death, helping her to normalize her thoughts and emotions associated with traumatic grief, and providing as well as receiving social support from both the TGL counselor and her peers.

- **Child Abuse and Neglect:** An estimated one in four children experience abuse or neglect in the U.S. In 2018, there were 486,634 California children ages 0-17 with reports of child abuse or neglect.[xxxii]

- **Bullying:** National estimates indicate that between 20 and 30% of children and youth are bullied at school each year, with certain vulnerable groups at even higher risk, including students with disabilities and LGBTQ youth. According to 2015-2017 estimates, more than one in four California youth in grades 7, 9, and 11 had been bullied or harassed at school in the previous year, and around one in five had been cyberbullied by other students.[xxxiii]

- **Homelessness:** During the 2015-16 school year, more than 1.3 million children in the U.S. public school system were homeless; California, alone, accounted for approximately one-fifth of these students.[xxxiv]

Why School-Based TGL Services Should be Provided in Schools for Adolescents

Schools key to accessing mental health services: Because many students spend more time at school than at home, schools provide a unique opportunity to break down barriers to accessing services, especially for reaching historically underserved communities. Students have trouble accessing mental health services due to time, transport issues, cost, lack of mental health awareness, fear of stigmatization, and language and cultural issues. Children from low-income families are especially vulnerable given that they are more likely to have mental health problems than their peers and less likely to have access to high-quality, culturally-relevant services.[xxxv]Adolescents spend the majority of their lives at school, and are more likely to visit a school-based health clinic for mental health services than a community health center or HMO.[xxxvi] For example, the University of Maryland's Center for School Mental Health (CSMH) compiled research to show that only a third of children and teens diagnosed with mental illness receive treatment, but that 70% of youth who do receive treatment do so in a school setting.[xxxvii] Additionally, after a loss many family members and peers are unable to offer help at a time when youth most need the social support and structure, often because family members and peers are preoccupied with their own grief. Youth are also often separated from family members and other social supports during instances of caregiver loss if they are placed in alternative housing, such as foster homes. For these reasons, grieving adolescents often rely on supplementary support from outside sources, like school-based health services.[xxxviii] Providing TGL services in schools can importantly reduce stigma, normalize mental health issues and treatment by providing training and education to school staff on mental health literacy and seeking services.

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School-based TGL services can help provide safe spaces for adolescents to learn how to cope with trauma, grief, and loss. It may be helpful for mental health care providers to work with students beginning in early adolescence (11 to 14 years) to help them learn how to manage their health with greater independence. Adolescents who have experienced trauma are particularly in need

of providers, for the opportunity to begin to develop trusting relationships to earn coping skills and connect with other students that have been through similar experiences in group therapy.[xxxix]

Lack of designated TGL services and training: In California, when asked whether their school emphasizes helping students with emotional and behavioral problems, 31% of responses by middle school staff, 27% of responses by high school staff, and 46% of responses by staff at non-traditional schools reported strong agreement in 2015-2017.[xl] In a 2012 survey, the American Federation of Teachers found that 69% of teachers surveyed reported having at least one student in their class who had lost a parent, guardian, sibling or close friend in the past year. Yet only 7% reported having any bereavement training, and only 3% said that their school district offered bereavement training.[xli] Trauma-informed mental health services can help adolescents recover from TGL, but most California schools do not have designated TGL services.

School districts are not receiving sufficient systematic support to provide specialized TGL services for students: Although many students are experiencing TGL, service providers regularly attempt to address the symptoms rather than the source of distress. While California school counselors often have cross-cultural counseling and general mental health training, they are not systematically trained or designated to provide TGL services for students. Specific training for mental health professionals on providing TGL services for children is important, as the tendency to impose adult models on children can lead to a great deal of confusion about children's responses to traumatic stress and grieving. It is vital that school districts counselors receive TGL specific training, create TGL specific, age and culturally appropriate curriculum for students, and then effectively deliver TGL services each semester to meet students' needs. Another challenge for professional school counselors presents when teachers are reluctant to allow a student out of class, because of district mandates for instructional time. High schools are an intensely academic climate, there is not much room to work on the socio-emotional needs of students.[xlii]

Evidence shows school-based, evidence-based TGL services in California are effective: The National Child Traumatic Stress Network recommends a variety of strategies and tested interventions for working with specific age populations.[xliii] In particular, Cognitive Behavioral Therapy (CBT) has an extensive evidence base documenting its effectiveness in the treatment of trauma in youth.[xliv] The San Francisco Wellness Initiative's TGL services in San Francisco Unified School District high schools reported that after participating in the 12-week support groups with a curriculum based on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Seeking Safety therapy, students that met the clinical range for PTSD was reduced from 92% to 44%.[xlv] Currently, approximately 75 students are served in on-going TGL group therapy each year throughout all the high schools in the district. Another 300 students are served through TGL emergency intervention each year, addressing the needs of a school site after a death in the district that impacts entire school communities.[xlvi]

Evidence shows that participation in short-term TGL support groups can significantly improve the health and well-being of students and may positively impact their capacity to succeed at school.

Highlights of Recent Events: Why Specialized TGL Services for Adolescents are Needed Now More than Ever

In addition to other issues that may impact student mental health, in recent times there have been many compounding events negatively affecting the mental health of children and adolescents, especially for students of color and immigrant youth. Here are a few highlights and examples of current events impacting the mental health of young people, and why TGL services are needed now more than ever.

COVID-19 Pandemic: When COVID-19 hit in early Spring 2020 it created conditions of isolation and stress for many families, making the potential for child abuse and domestic violence to occur higher.[xlvii] School closures have limited access to TGL services for children. Overall and alarmingly, reports of child abuse are down as teachers and trusted adults in schools who can help children leave dangerous situations have limited access to youth.[xlviii]

Due to systemic health disparities and structural racism, communities of color and English Language Learners are more greatly impacted: Black, indigenous, and Pacific Islanders are dying at a higher rate from COVID-19, Asian Americans are experiencing racial discrimination because of the perceived epicenter of the virus,[xlix] and undocumented immigrants are shut out of relief.[l] Young people with disabilities, those in the foster care system, and other students from low-income families are also experiencing further financial and emotional stress.[li]

Students are reporting loss in: relationships (death and separation from families and peers), community, faith in systems (hospitals, government), trust in others, survival needs (home, job, healthcare, food), anticipated loss (loved one who is sick or working on the front lines), collective loss, and sympathetic loss (loved ones who are also experiencing loss). Children are also experiencing traumatic loss in the hospitalization and death of loved ones. Due to the pandemic, many families have been unable to travel and accompany their loved ones to the hospital, making these losses frightening and sudden. Children have reported anxiety and fear just seeing their parents, particularly those who are essential workers, go to work.

The pandemic has also laid bare the digital divide in California, particularly for distance learning, as about one-third of California students currently lack access to both a reliable internet connection and a digital device.[lii] This digital divide is even more pronounced among low-income students, Black students, Latino students, and students living in rural areas.

Case Study: Amy, a 14-year old Korean-American, is struggling with hearing about anti-Asian sentiment and the beating of a young Chinese teenager in Los Angeles accused of spreading COVID-19. Hearing the term "China Virus" and being taunted for having the "corona touch" by her classmates, even jokingly, has been very disappointing, sad, and scary for her, and negatively impacted her self-esteem and confidence. She knows of other Asian students who are also being bullied and subject to racist taunts in-person and online, mocked for what they eat, told to "go back to where you came from," and threatened to be sprayed with Lysol. She is unable to connect with her friends from school and from her extracurricular activities to receive further support due to COVID-19 related closures.

Racism & Uprisings: In the Spring and Summer of 2020, with the social media spotlighting the murders of Black individuals in America by the hands of heteropatriarchy and white supremacy, anti-Black racism and subsequent uprisings were on full display in the U.S. once again.[liii] Many communities, and in particular, Black communities, are experiencing a lot of grief, pain and overwhelm as a reaction to systemic, state-sanctioned torture, murder, and violence.

Experiences include a multitude of reactions as communities bear witness to violent state responses to protests,[liv] media reports, rhetoric, social media, personal conversations and other dialogue and interactions surrounding the police brutality and everyday experiences of racism. Experiences of structural racism, individual racism and microaggressions have long been known to cause increased stress, anxiety, sadness, fear and anger in individuals.[lv] Racism has been known to have long lasting negative health impacts on individuals.[lvi] Racism is a form of trauma, and whether experienced directly, indirectly or by bearing witness to loved ones who have been harmed, it deeply affects individual and community mental health.

Case Study: Tony, a 15-year old boy, has recently seen many images of protests against racism and white supremacy, and viral videos online of police brutality and violence against the Black community. He feels anger, despair, and hopelessness, and feels that there is a repeated message that there is nowhere safe to be black in America--not at school, not while driving, not while jogging, not while standing on a corner, nor even simply being at home. Conversations with some of his non-Black friends have resulted in more frustration, even those who "mean well." He has heard of stories of friends and others who went to protest peacefully downtown, but were tear gassed and hit by rubber bullets by the police, and falsely accused of vandalizing and looting a shoe store.

Immigrant Youth and Families: Foreign-born youth, U.S.-born youth to immigrant families, and children and youth living in mixed status families are experiencing significant mental health issues due to stress related to immigration concerns and increased hostile policies and rhetoric towards immigrants. In California, 20% of all individuals under 18 were living in mixed-status families,

meaning they were undocumented themselves or living with someone who was.[lvii] About one in six children in California have at least one undocumented immigrant parent, and 47% of California's children have at least one immigrant parent.[lviii] In California, according to 2016 estimates, children living with at least one foreign-born parent accounted for 49% of all children, and 59% of children living in poverty.[lix] From Fiscal Year 2014-2020, the federal government data shows that 32,625 unaccompanied children who arrived to the United States without a parent or guardian were released to caregivers in California—more than any other state in the country.[lx]

Toxic stress affecting mental health can arise from fears related to immigration enforcement, the threat of deportation and separation from family members, stress of legal status and legal case concerns, language access barriers, stress from acculturation, economic and housing pressures, and racism and discrimination.[lxi] For example, a September 2020 Migration Policy Institute (MPI) report indicated that in states with high and low immigration enforcement, a majority of surveyed Latino high school students fear that someone close to them could be arrested and deported.[lxii] More than half of the students surveyed reported symptoms of mental-health conditions such as anxiety, depression, or post-traumatic stress disorder (PTSD) at a level significant to warrant treatment.[lxiii] Studies have also shown that Central American migrants who make up the majority of unaccompanied children in the United States face high levels of trauma in their home countries and en route to the United States,[lxiv] and receive little to no coordinated social services upon release to sponsors, where they may face additional stress from reunification with family members and integration into the community. U.S.-born youth to immigrant families can also face exposure to high levels of crime in the low-income, generally urban communities.[lxv] Many of these immigrant and U.S.-born youth to immigrant families rely on schools to receive medical and mental health care, including counseling for trauma, grief and loss.

Additionally, changes to the definition of "public charge" under federal regulations in August 2019 have created "chilling effects" for immigrant communities. This has led to a decrease and fear from

Case Study: Jhoni, a 14-year old from El Salvador, witnessed violent murders and was threatened by gang members with death. Fleeing the country, he was separated at the U.S.-Mexico border from his father. His father was deported. He was then reunified with his mother in Los Angeles, but she passed away from cancer eight months later. Jhoni had to change schools and was recently placed into the care of an aunt. His aunt does not want to take him to access many services due to fear around recent federal public charge regulations for immigrants. Jhoni feels that school is a safer place to talk to a Spanish-speaking counselor about his worries and feelings of abandonment.

accessing public services due to fear of facing negative consequences, regardless of whether or not changes to this rule actually impacts them. This can include accessing public health and mental health services. Estimates that the "chilled population" or the number of people impacted by this rule, including noncitizens and their dependents stood at more than 73.6 million children under the age of 17 nationally, and more than 9.14 million children under the age of 17 in California alone.[lxvi] For these reasons, school-based mental health services for TGL are more important than ever.

Delivering School-Based TGL Services

Evidence-Based Interventions: The National Child Traumatic Stress Network recommends a variety of strategies and tested interventions for working with specific age populations.[lxvii] As discussed earlier, Cognitive Behavioral Therapy (CBT) has an extensive evidence base documenting its effectiveness in the treatment of trauma in youth. This approach uses individual and group cognitive behavioral therapy to address the multiple domains of trauma and to teach youth skills in how to regulate their behavior, process trauma, and improve their sense of safety and trust.[lxviii] TGL approaches can also be drawn from a variety of therapeutic modalities that students respond well to, including dialectical behavior therapy, mindfulness, and art therapy. Specific examples of interventions based on CBT techniques also include Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Culturally Modified Trauma-Focused Treatment (CM-TFT); moreover, the National Child Traumatic Stress Network also provides culture-specific fact sheets for these types of interventions.[lxix]

Format of delivery: TGL services can be provided in various forms. Sessions can range from individual counseling, small and large group counseling, staff/teacher guidance lessons, school-wide community interventions. Services should be provided in a private room that will ensure confidentiality, and services should be provided at an accessible time period for students, before, during, or after school hours.

Telehealth: The COVID-19 pandemic has resulted in many California school districts operating virtually for the end of the 2019-2020 academic year, and into the 2020-2021 academic year. To ensure that students are still able to receive TGL services even when schools are not holding in-person classes, telehealth options should be made available for students.

Potential Funding

Funding TGL services remains a challenge for many school districts in California. School districts should have a dedicated and consistent source of funding for TGL services. Below are two possible but not exhaustive funding sources to support these services, which have been recommended by advocates and policymakers in California.

Mental Health Services Act (MHSA): The MHSA was enacted by Proposition 63 in 2005 with the aim to improve county mental health programs in California, including for students.[lxx] MHSA is a flexible funding source, as counties can determine how to best use their MHSA funds. Children Now offers a comprehensive report on how to best leverage MHSA funding.[lxxi] MHSA is composed of five different components of funding, two of which can be considered for TGL services:

- <u>Prevention and Early Intervention component (PEI):</u> PEI aims to help counties implement services that promote wellness, support overall health, and prevent consequences from untreated

mental illness.[lxxii] TGL services provide important prevention and early intervention by supporting adolescents before their experiences as youth lead to future mental health issues.

- Innovation component: The goal of Innovation funding is to improve access to mental health services for underserved groups and also to improve the quality of mental health services,[lxxiii] both of which align well with the goal of TGL services. TGL services are most critical for vulnerable students, such as but not limited to students of color, immigrant students, LGBT students, low-income students, and students with disabilities. Additionally, TGL services are a specialized form of mental health services that are designed to meet the unique needs of students' experiences that are not adequately met otherwise.

Local Education Agency (LEA) Medi-Cal Billing Option Program: In April 2020, California received approval from the Centers for Medicare and Medicaid Services on a Medicaid State Plan Amendment that expands the Local Education Agency (LEA) Medi-Cal Billing Option Program (which allows California to receive reimbursement from the federal government for school-based health services).[lxxiv] This state plan amendment ensures that all students who are eligible for Medicaid are now covered, and now expands the types of services and types of providers that are eligible. TGL services would align well with this funding stream, as both individual and group therapy services are covered, as are a wide range of mental health providers. This also provides an opportunity for consistent federal funding when the California state budget is facing a number of cuts due to COVID-19.

Policy Recommendations

TGL services in California high schools are needed now more than ever, especially for students of color and undocumented students. It is crucial for students' wellbeing and long-term health to have access to TGL services during school hours and at no cost to them. Listed below are several policy recommendations to support the provision of TGL services in California high schools. These recommendations are not necessarily exhaustive, and we encourage advocates and policymakers to continue to expand upon these recommendations, to ensure quality services for students.

Legislation

Legislation regarding school-based TGL-specific services can be introduced. Many of these policy recommendations are outlined in Assembly Bill (AB) 2366 Pupil Health: Trauma, Grief, and Loss Pilot Program, which was introduced in the Assembly on February 18, 2020 by Assemblymember Kansen Chu.[lxxv] Although in part due to COVID-19 pandemic reasons in massive reduction of legislative packages and bill, this bill did not advance to the Governor's desk, this bill and/or provisions of its could be reintroduced. This bill would have:

- Establish the Trauma, Grief, and Loss Pilot Program, to be administered by the State Department of Education;

- Authorize school districts, county offices of education, and charter schools maintaining grades 9 to 12, inclusive, that meet certain criteria to apply to the department for a one-time multi-year pilot program grant award for a five-year time period;

- Prioritize local educational agencies with higher pupil dropout rate and a higher percentage of socioeconomically disadvantage pupils, including but not limited to low-income, migrant, homeless, and/or foster youth;

- Define a "trauma, grief, and loss counselor" broadly as a mental health services provider with specific TGL-relevant training or experience;

- Require a local educational agency that has received a pilot program grant award to either (1) designate at least one TGL counselor to be generally accessible to pupils in grades 9 to 12, at a school site of the local educational agency during school hours or (2) designate an existing employee as TGL counselor, or enter into a memorandum of understanding with a county agency or community-based organization for a TGL counselor employed by the agency or organization, to provide TGL counseling services; and

- Require a local educational agency participating in the pilot program to collect data and submit a report to the California Department of Education, and for information to be submitted to the California Legislature and post on its internet website publicly. **Provision of TGL Services**

California school districts should ensure that students have access to TGL services, by providing flexible models for delivery:

- **California school districts should either have designated TGL counselors available to high school students, or should form a partnership with a county or community-based agency to employ a TGL counselor. TGL services should be provided at accessible time periods before, during, and after school hours.** Currently, the overwhelming majority of school districts do not have designated TGL services. School districts should consider a variety of models to provide TGL services. They may designate an already existing school counselor to undergo training to provide TGL services, they may hire a new counselor, or they should contract with a third party. Services should be provided during both school hours and non-school hours to ensure maximum accessibility to students.

- **Services should be available in both for one-on-one sessions and for group settings, to accommodate different needs and styles of students.** While some students will find individual sessions with a counselor most beneficial, others will prefer to have group sessions, so TGL counselors should have flexibility in the format of their services.

- **At school sites, TGL counselors should have a private room to conduct TGL services (individually or in group sessions), with soundproofing to ensure confidentiality.** Protecting privacy and confidentiality for students is crucial to providing TGL services and each school district should ensure there is a dedicated space to meet privacy and confidentiality needs.

Requirements for TGL Counselors

- **TGL counselors should have specific evidence-based training to address trauma, grief, and loss.** Trainings should include understanding the concepts of trauma, grief, and loss, the impact on youth and in particular for students of color and undocumented students. As stated above, Cognitive Behavioral Therapy (CBT) has an extensive evidence base documenting its effectiveness in the treatment of trauma in youth,[lxxvi] and TGL counselors should consider this

method. Most importantly, TGL counselors should be trained to deliver culturally-appropriate techniques to address TGL issues in adolescents in individual, group, and school-wide settings.

- **TGL counselors should have training in anti-racism and should understand the diverse needs of students as related to racism, harmful immigration policies, and other systemic inequities, and should be able to offer culturally and linguistically appropriate services.** TGL services should be rooted in racial equity and should be adapted to meet the specific needs of all students.

- **The mental health field more broadly should seek to increase the diversity of its practitioners, as well as support and strengthen linguistically and culturally appropriate services for students.** As mentioned above, youth of color and immigrant youth in particular experience high rates of TGL, so having TGL counselors who can provide linguistically and culturally-specific services is crucial. Lacking cultural understanding and linguistic competence can discourage students from accessing critical services, contribute to misdiagnoses, and also lead to further stigma and shame in accessing TGL services. One strategy is to become a student: Ask for the family's assistance in educating school professionals. The student and family are the experts about their own cultural practices and mourning rituals. By asking the family for information, professionals not only learn about diverse cultural practices, they also open the door to understanding and trust.[lxxvii]

- **TGL counselors should have access to resources to address vicarious trauma.** Providing TGL services to students will very likely result in vicarious trauma and burnout out for TGL counselors, so it is important that they are given access to resources to care for themselves. This will not only support TGL counselors' own health and wellbeing, but will also increase retention and will support their ability to be an important resource for students. Visit the Trauma Stewardship Institute for more information.[lxxviii]

Adaptations for Telehealth Services

- **Telehealth adaptations are provided for as long as needed while schools are operating virtually.** While it is ideal that TGL services are offered in-person, they should not be discontinued while schools are operating virtually due to the COVID-19 pandemic. TGL counselors should have flexibility to provide services virtually as long as schools are not holding in-person classes.

- **Telehealth adaptations should include safety and privacy considerations for students as they receive services in their homes.** Students may have less privacy while at home, or may also be living in an abusive household. TGL counselors should be prepared to work with students to find strategies to increase their safety and privacy.

- **Telehealth adaptations should include the provision of resources that students may need in order to receive TGL services, including computers or internet services.** Not all students will have access to the same technology, which can provide barriers to receiving services. Funding for TGL services should include access to computers, internet services, or other technology needs for students when needed.

Conclusion

Adolescents today, especially youth of color and immigrant youth, are facing high rates of TGL, which have led to mental health challenges and negative impacts on educational outcomes. The COVID-19 pandemic, anti-immigrant messaging, and national uprisings against police brutality and systemic racism have highlighted the importance of addressing mental health issues among youth. However, accessible, affordable, and specialized mental health services focused on addressing the root causes of TGL for youth are limited. It is critical for students to receive TGL services by a mental health professional with specialized training, to serve as both a form of prevention and intervention. Schools may be an accessible and optimal place for youth to receive services, and so school districts in California should have dedicated and specially trained mental health professionals to provide TGL services readily available during and after school hours with appropriate telehealth adaptations. Doing so has proven to have a remarkable impact on students' well-being, and will only further improve their educational outcomes and overall health.

Additional Resources

ACEs Aware: ACEs Aware is an initiatives led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. acesaware.org

California Association of School Psychologists: The California Association of School Psychologists is a statewide member organization for school psychologists. The association is dedicated to providing quality mental health care in school systems for California's youth. casponline.org

California Children's Trust: A statewide initiative to improve California's approach to children's social, emotional, and developmental health through policy and systems reform. cachildrenstrust.org

California School-Based Health Alliance: The Alliance is a statewide nonprofit organization that works closely with schools and districts to develop and implement health care services. The organization provides a full range of support, from consultation and program design to ongoing technical assistance and evaluation. schoolhealthcenters.org

California Student Mental Health Policy Workgroup: First convened in 2012 by the State Superintendent of Public Instruction, the Student Mental Health Policy Workgroup (SMHPW) is an all-volunteer, unpaid work group composed of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, and state and county mental health professionals. They meet quarterly in meetings open to the public to assess the mental health needs of California students and gather evidence to support policy recommendations to the SSPI and the California Legislature. This diverse group has used its combined expertise to develop policy recommendations related to mental health training for educators, youth suicide, student safety, and other mental health-related issues. cde.ca.gov/ls/cg/mh/smhpworkgroup.asp

Center for Healthy Schools and Communities, Alameda County: The Center for Healthy Schools and Communities, a division of the Alameda County Health Care Services Agency, partners

with 18 districts and 170 schools in Alameda County to provide a full continuum of physical and mental health care services, accessible to students on school campuses. The center contracts for professional health care services, as well as providing technical support, staff training, and community programs that promote cultural understanding and engagement. achealthyschools.org

Center for Youth Wellness: The Center for Youth Wellness has played a leading role in drawing attention to ACEs research and recovery. The center's website is a rich repository of research and video explaining the science behind ACEs, potential impacts, and treatments. Center staff are available for consultation and presentations. centerforyouthwellness.org

Children Now: Children Now is a California non-profit organization that uses a whole-child approach to work across sectors to improve outcomes for children. Children Now's Health Policy team promotes state policies to support the mental health needs of children and to address child trauma. childrennow.org

Children's Partnership: The Children's Partnership advocates for the needs of children through research, policy, and community engagement. One of their focus areas is children's mental health, and they have previously collaborated with the California Immigrant Policy Center to identify the mental health supports needed for children in immigrant families. childrenspartnership.org

Mental Health America: Mental Health America is a national nonprofit that advocates on behalf of people living with mental illness and promotes prevention and early intervention, services, and education. Each August, it publishes an annual Back-to-School toolkit to guide educators in raising awareness about mental illness. www.mentalhealthamerica.net/back-school

National Child Stress Network: The National Child Traumatic Stress Network was created by Congress in 2000 as part of the Children's Health Actto raise the standard of care and increase access to services for children and families who experience or witness traumatic events. nctsn.org

PESI, Inc.: PESI, Inc. is a non-profit that provides continuing education services for mental health, rehab, and healthcare professionals by providing seminars, conferences, online courses, videos, and book that meet the needs of adult learners. pesi.com

Trauma Stewardship Institute: The Trauma Stewardship Institute was founded in 2011 to focus on raising awareness of and responding to the cumulative toll on those who are exposed to the suffering, hardship, crisis, or trauma of humans, living beings, or the planet itself. traumastewardship.com

University of Maryland Center for School Mental Health: The Center for School Mental Health is a nationally recognized leader in the evaluation and development of effective school mental health programs. They have a number of resources for schools and parents and also provide professional development opportunities through online courses and conferences. csmh.umaryland.edu

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