

**Prop 63 Children's System of Care**  
**Education Sub-Committee**  
*3/9/05 Minutes*

The following are notes from the School Focus Group on 3/9/05, with approximately 15 representatives in attendance. **At the end of our brainstorming session of the way school CMH services can be improved, everyone voted for their top 2 priorities (\*):**

- **Increase mental health services on school sites to help high-risk students \***
- **Teenscreen used as a model to include mental health issues(\*)**

Additional ideas that can be grouped under the following categories:

Mental Health Service "Topics" (as part of increased MH services delivered to schools):

- Social skills program for ages 11-14 special ed. students, and other identified students
- Middle School student education group(s) regarding mental health and substance abuse issues; signals to watch for from childhood to adult.
- Early intervention support groups for parents with children with emotional and/or behavioral problems. (Participation not tied into funding; respite care; bi-lingual support)
- Peer support groups for adolescents and parents

Mental Health Consultation to Education staff:

- Program Supervisor to attend SARB and SST and available to consult about general ed. kids
- Early school clinician involvement for IEP students to help develop a behavioral plan (distinguish between emotional and behavioral issues)
- Monthly school meetings with school clinicians to address behavioral issues.

Mental Health Training for Education staff:

- CMH staff to meet with school counselors and ed. staff about early onset of mental health issues.
- Clinicians working closer with teachers creating 504 Plans.
- Teacher education regarding diagnosis, mental health issues, and support with creating a behavioral plan.

Early Intervention/Prevention services:

- Early intervention programs in elementary schools to address social interactions for ADHD and Autistic children. Possible integration with sports and games with parent volunteer support.
- Expand the PIP program for K-12.

Other Ideas/Needs:

- Advocate/Resource Center for adolescents.
- MERT – evaluate children on school campus
- Follow through info. From MERT to school personnel, when children return to school following a 5150 evaluation
- Consolidate case management (one stop)
- Expand availability of psychiatric evaluations within the county (72 hr. evals.). Smoother transition for hospital admissions and transportation (child friendly)
- Central Diagnostic Center, collaborating with San Andreas Regional Center, Stanford, and Dominican Hospital