



# Mental Health in Education Work Group Update

House Education Committee

12/17/2020

By

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communities practices providers  
social **community** program  
race system funding  
plan training college outcomes include  
orientation all behavioral needs policy  
solutions Oregon's national lack  
advocacy racial others service action  
Test collective **students** agency  
more early children culturally systems districts  
matter origin process means gender  
first public Bill Fund statewide funds need counseling  
care child success families  
**access** staff supports across  
workforce prevention equity including



# Work Group Process:

Survey of partners in this work.

Narrowed to 3 top areas of concern for student mental health:

- Mental health stigma
- Limited access to behavioral healthcare and telehealth
- Lack of Funding for school social workers, school psychologists, school counselors, other needed personnel, training, professional development and programming.

Three meetings to connect our work and focus to legislative possibilities. We discussed:

- evidence based practices (such as DBT),
- bill concepts of interest relating to mental health (such as modifications in workforce credentialing)



# Survey Question 1:

**What type of lens, if any, does your organization lead with?**

**Equity Lens** - the notion that each and every learner will receive the necessary resources they need individually to thrive no matter their distinguishing characteristics.

national origin, race, gender identity, sexual orientation,  
differently-abled, first language, etc.

**Social Justice Lens** - access, agency, advocacy, & solidarity action.

Access = the gateway to inclusion and participation.

Agency = individuals know their rights and are empowered

Advocacy = deliberate process of influencing changes.

Solidarity action = working with others for the collective betterment.

**Racial Justice Lens** - disciplined attention to race and ethnicity while analyzing problems looking for solutions, and defining success.



# Survey Questions 2-6:

2. Briefly describe any programs your organization supports with regard to mental health for youth and, if possible, please include the **funding sources** for those programs.
3. Relative to our P-20 education system, what **barriers or gaps exist to accessing** mental health supports and what are proposed solutions your organization has considered to address them?
4. What **legislative action or policy decision** would your organization like to see considered in **the short-term** (anything needed before July 2021) to improve mental health for Oregon students?
5. What **legislative action or policy decision** would your organization like to see considered in **the long-term** to improve mental health for Oregon students?
6. What work has your organization done in the realm of student mental health that became legislation? This includes **legislation that did and did not pass**. Please provide the bill number and year.



# Challenges:

## WORKFORCE:

- We don't have sufficient workforce preparation at this time.
- Cultural Competency and Linguistically diverse providers are widely needed
- Need for grow your own programs
- Skill Building opportunities needed
- Training up all school staff in mental health first aid and trauma informed approaches

## ACCESS:

- Resource Navigators in communities/campuses
- Telehealth requires access to internet
- Language, Culture, Stigma barriers between patient and providers

## FUNDING:

- Education & behavioral health are chronically underfunded
- Caseloads are too large
- Poverty leaves many without health insurance for mental healthcare.
- \*Concern: The Student Success Act is not fully funded. We need to continue to figure out ways to support the essential wrap around work that our schools are doing to keep our students healthy and engaged learners.



# Goals:

- Loud and clear we heard from our stakeholders that funding is an issue.
- Work group participants have many ideas specific to the ages and community needs they serve, but need access to investments in staffing, programming, and connections to resources.
- Emerging Idea: Make additional grant money available for evidence-based mental health in our schools to help support the known gaps in culturally competent and effective response based on unique community needs.
- Make progress on behavioral health response despite a difficult budget year. Addressing behavioral health needs for our youth is a responsible use of state funds. There is critical need right now.



# Proposal: LC 2570 - “Relating to student mental health; amending ORS 327.190 and 327.201.”

- School districts would be required to specifically describe in their SIA grant application how additional grant funding would be used to meet mental and behavioral health needs, and the amount that will be needed for those uses.
- ODE would review the grant application alongside the application for SSA grants.
  - Grants would be reviewed for
    - ability to meet stated student behavioral health needs and
    - sufficiency in responding to stated goals of the grant application





LC 2570

2021 Regular Session

12/2/20 (HRL/ps)

# DRAFT

## SUMMARY

Requires Department of Education to ensure that applications for Student Investment Account grants clearly identify which allowed uses for grant moneys are designated to meeting student mental and behavioral health needs.

Provides that grant agreements must include description of allowed uses that will be designated to meeting student mental and behavioral health needs and budget estimates for those uses.

Directs grant recipients to make yearly review of progress in meeting student mental and behavioral health needs.



# Next steps:

- Add “whereas” clauses into the language to make the intent of centering equity at the forefront of this grant concept.
- Ensure that
  - This would be additional grant funding to support evidence based practices in addition to SSA dollars
  - Any data collection is as streamlined as possible, potentially relying on data we already collect and forms we already employ so as not to create redundancies.
  - Language strengthens social and racial justice and health equity
- Follow up stakeholder meetings to make language adjustments

**\*\*While I sincerely believe investments in behavioral health are necessary, I want to highlight that we must simultaneously and aggressively attend to root causes of growing behavioral health challenges including racial equity issues, hunger, poverty, housing instability, trauma and neglect that demand societal attention.**



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