

# **ARE HIGH SCHOOLS MAKING THE GRADE AT ADDRESSING MENTAL HEALTH?**

## **SUMMARY**

Mental health concerns can diminish the ability of our students to learn and build relationships. The need for youth mental health interventions increased during COVID-19 with the challenging transitions to remote learning and the return to the structured environment of school. COVID-19 and other societal changes/conditions have also increased awareness of mental health needs, thereby increasing expectations of access to mental health services. At the same time, we are facing a nationwide shortage of mental health professionals that we see reflected within our own County. In the context of a shortage of mental health resources, our schools are having to step up and fill some of this gap.

For this reason, the Grand Jury chose to look at how well high schools in San Luis Obispo County are doing at addressing mental health, resources available, resources needed, referrals processes, and best practices. Within the scope of the Grand Jury investigation of selected high schools, we found that all the schools are actively addressing student mental health needs. All schools are working to create trust and approachability for their students through a variety of communication methods. Schools with the best mental health environment had Wellness Centers and full-time School Resource Officers. Programs available to support mental health varied by school.

The Grand Jury has concluded that a concentrated and resolute effort, led by the San Luis Obispo County Office of Education, is needed to support the mental health wellness efforts in our County high schools. These efforts should provide a clear direction for improved mental health services for San Luis Obispo County high school students. Teachers, counselors, and campus staff have many roles and demands, so widespread training in Youth Mental Health First Aid would increase the confidence and teamwork to support students.

## **INTRODUCTION/PURPOSE**

Many students today are more prone to anxiety and chronic feelings of depression. Whether it be adapting and integrating to conventional life after the COVID-19 pandemic or grasping the realities of social skill building and self-discovery, the 2022-2023 Grand Jury believes that school-based mental health can play a vital part of student support systems and academic success. Because our children spend most of their day in school, schools now play an increasingly critical role in providing support systems and services for the wide range of mental health issues that affect adolescents.

Schools provide a natural setting in which students can receive much needed programs and services that address their various mental health needs. High schools can provide access to prevention programs, early identification of mental health challenges, and referral references for treatment options. Early identification and referral resources indicate a school climate that is comfortable discussing and focusing on the emotional well-being of students. This may reduce the stigma often associated with receiving mental health treatment.

This Grand Jury's investigation has revealed a remarkable effort on behalf of San Luis Obispo County high schools in their assessment of the mental health needs of its high school students. While many programs and services are in place at each high school, along with the necessary resources to address the issues associated with the mental health challenges of the County's high school students, more work can still be done.

The primary objective of this report is to investigate mental health support and resources in San Luis Obispo County high schools, and to evaluate the various schools' responses.

## ORIGIN

The genesis of this report was the previous Grand Jury recommendation for additional mental health investigation, The San Luis Obispo Tribune coverage of unmet youth mental health concerns, and a citizen's complaint.

The 2021-22 Grand Jury Report on Mental Health addressed the shortage of acute mental health beds in San Luis Obispo County that could lead to long emergency room wait times for an out-of-County bed. Their report was limited in scope and recommended future Grand Jury investigation on further mental health issues. Additionally, The Tribune coverage of cases of unmet mental health and substance abuse in youth triggered a citizen's request for the Grand Jury to examine youth mental health care access.

Some transitions are underway in San Luis Obispo County's behavioral health services since the last Grand Jury Report. The January 29, 2023 issue of The Tribune reported that the new Board of Supervisors prioritized mental health care at their January 23, 2023 meeting. There will be a public-private partnership between the County, Transitions Mental Health Association (TMHA), and hospital leadership at Dignity Health and Tenet Health, in order to analyze how best to bridge the gap in local behavioral health services. TMHA is working with a consulting group to perform a gap analysis for behavioral health services in San Luis Obispo County. Along with the gap analysis, County Behavioral Health is planning to work with consultants to create a five-year strategic plan to meet County and statewide goals for delivering behavioral health services.

While these transitions point toward future improvements in mental health for our County, changes will take some time. Most of the improvements will continue to be for the Medi-Cal population that falls under the scope of County Behavioral Health. Improvements in the private sector may take longer due to the current nationwide shortage of mental health professionals. Meanwhile, when youth are having mental health concerns and mental health professionals are difficult to access, schools are often the first point of contact. Looking at how the schools handle student mental health appeared to be the best way to broadly address youth mental health across all County demographics.

## **METHOD/PROCEDURE**

For the selected high schools, the Grand Jury studied the California Healthy Kids Survey, a yearly survey that was last done in 2019, due to a missed assessment period during COVID-19 remote learning. Information was requested from the school districts including enrollment, student demographics, and high school funding. The Grand Jury conducted on campus interviews with San Luis Obispo County educators, administrators, principals and mental health professionals from each high school selected for review. We also requested information from the County Office of Education to learn what mental health resources are available to all schools and how their office facilitates staff training and campus programs that support mental health.

## **NARRATIVE**

Although the mental health needs of children can begin in elementary grades and accelerate significantly in middle school, this report is limited to an evaluation of public high schools. It was necessary to further limit the scope and investigate a subsection of high schools. Schools were selected with a goal of observing various demographics of school size, areas of the County, median income, and ethnicity. The following table shows the schools selected with information about school size, ethnicity, and percentage of socio-economically disadvantaged students. Socio-economic status is a criterion set by the State which is determined by a family's income through either income verification or a free lunch<sup>1</sup> application. Across all school demographics, the importance of mental health was recognized, efforts were made to identify need and if there were staff and programs dedicated to mental health.

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<sup>1</sup> <https://www.cde.ca.gov/ls/nu/incmelgbtyscalessy202223.asp>

HIGH SCHOOLS INTERVIEWED								
District*	School	Enrollment	Asian %	Student Black %	Population Hispanic %	White %	English Language Learners %	Socio-Economic Disadvantage %
AUSD	Atascadero HS	1171	0.68	1.28	29.92	62.23	5.55	46.37
CUSD	Coast Union HS	149	0	0	75.17	23.44	13.42	72.48
LMUSD	Arroyo Grande HS	1993	2.1	0.97	40.03	50.15	4.5	49.85
LMUSD	Nipomo HS	907	0.77	0.55	61.96	31.64	9.92	68.47
PRJUSD	Paso Robles HS	2092	0.72	1.1	56.5	37.9	10.1	62
SLCUSD	Morro Bay HS	795	1.89	0.25	28.81	58.74	4.91	37.74
SLCUSD	San Luis HS	1644	4.2	0.67	31.33	56.69	4.2	28.47
SJUSD	Shandon HS	86	< 1	< 1	82	16	60.3	75
TUSD	Templeton HS	775	1.16	0.39	24.52	64.77	2.32	18.84

**\*SCHOOL DISTRICT NAMES:**

- Atascadero Unified School District
- Coast Union School District
- Lucia Mar Unified School District
- Paso Robles Joint Unified School District
- San Luis Coastal Unified School District
- Shandon Joint Unified School District
- Templeton Unified School District

**THE CALIFORNIA HEALTHY KIDS SURVEY**

California Healthy Kids Survey<sup>2</sup> is an anonymous and confidential yearly survey of school climate and safety, student wellness, and youth resiliency administered to students in grade levels 5, 7, 9, and 11. Every school in California is required to conduct a survey in order to comply with the *No Child Left Behind, Title IV*. This tool is used to collect and analyze data regarding youth health risks and behaviors, school connectedness, school climates, protection factors, and school

<sup>2</sup> <https://calschls.org/about/the-surveys/#chks>

violence. Data collected are used to raise awareness on various topics such as suicidal thoughts, substance abuse, depression, and anxiety as well as any other red flags that may alert administration. The majority of administrators interviewed by the Grand Jury feel the survey is valuable and the information collected is used to improve the school climate. The survey helps make the students feel heard and gives administration, staff, and teachers knowledge regarding where the next steps should be made to best benefit the students. Due to COVID-19, the California Healthy Kids Survey was not given in 2020 since students were not on campus. With the return to school and routine, many school staff are observing an increase in student mental health concerns, especially in anxiety and depression. Staff interviewed noted that the lack of structure caused chaos in many teen lives, and that once back in the classroom the various distractions, lack of coping skills, misuse of time and delayed social skills made it a hardship for students to learn and for teachers to teach effectively.

## **STAFFING FOR MENTAL HEALTH IN THE SCHOOLS**

In attempting to compare the number of staff allocated for mental health needs at each school, the Grand Jury found a wide array of job titles, job descriptions, and programs, preventing a direct comparison. For example, there are three types of counselors: academic, social-emotional support, and those that provide both roles for the students assigned to them. Every school has different types of hiring practices, with some hiring full-time staff for mental health while others outsource, and many do both. Contracted therapists are often part-time and on campus only for a few days per week. There are a number of different professionals who can act as therapists, including School Psychologists, Clinical Psychologists, Marriage and Family Therapists, and Licensed Clinical Social Workers. Notably, schools that had a School Psychologist typically hired them primarily to facilitate Individualized Education Programs (IEP) for students with learning disabilities and other special needs. Some School Psychologists were full-time, but many were part-time or shared between schools. Depending upon the number of hours on campus and how many students have an IEP, the School Psychologist may have time allocated to the role of therapist, but at some schools the role of mental health therapist is not part of the School Psychologist duties. Most schools report difficulty hiring counselors and mental health therapists due to market shortages. Interns can be a valuable resource, but they do require that staff have the same licensure that they are working toward, in order to supervise them. For both interns and

contracted staff, the turnover rate can require re-establishing therapeutic relationships for students with ongoing mental health needs.

## **YOUTH MENTAL HEALTH FIRST AID TRAINING**

Youth Mental Health First Aid is a course designed to teach parents, teachers, school staff, and health and human service workers how to help an adolescent who is experiencing a mental health crisis or facing addiction challenges.<sup>3</sup> This investigating Grand Jury asked responding high school administrators and mental health staff whether they had taken Youth Mental Health First Aid. The number of staff that had taken this course was low. Out of the 19 staff members that this Grand Jury interviewed, only four had taken the course. One respondent had taken it at a previous school district, and many had never heard of the course. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan for how to help young people in both crisis and non-crisis situations. Topics within the course include anxiety, depression, substance abuse, disruptive behavior disorders, and eating disorders.

## **SCHOOL RESOURCE OFFICER (SRO)**



Morro Bay High School SRO patrol car<sup>4</sup>

In San Luis Obispo County, a School Resource Officer (SRO) is a sworn law enforcement officer employed by a local police or sheriff's office assigned to work with schools through a contract. The primary role of an SRO is to provide safety and security to the campus they are assigned. Another valuable role which SROs provide is to build relationships with students and to help bridge any gap that may exist between adolescents and adults. They may meet with and

<sup>3</sup> <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

<sup>4</sup> <https://esterobaynews.com/featured-stories/police-hope-students-fall-in-love-with-new-car/>

counsel troubled students, refer students to outside social service agencies, and participate in parent conferences. SRO responsibilities are driven by the social-emotional lives of students and are focused on supporting adolescents in developing skills in problem solving, decision making, goal setting, resilience, and emotional stability.<sup>5</sup>

This Grand Jury's research found that SROs are trained to understand mental illness and mental health problems, recognize signs of emotional disturbance, and to intervene during a mental health crisis. Properly trained SROs can advocate for mental health awareness and increase support for mental health resources within the schools they are assigned.

These resource officers partner with teachers, administrators, counselors, and social service agencies to support San Luis Obispo County high school students and assist in their success. They also collaborate with school-based counselors to assure positive student outcomes when mental health concerns arise. In building these positive relationships, High Schools and SROs can create and implement effective interventions and strategies to foster encouraging resolutions for students experiencing mental health issues. Additionally, teachers, counselors, and administrative staff are mandatory reporters and if student safety at home is in question, the SRO is in a role authorizing them to make home visits to investigate reports or evidence of abuse, neglect, and domestic violence. The SRO may also follow up on truancy.

In general, high school administrators have not identified significant gang related issues or impacts to the learning environment. Schools rely on their SROs to address gang issues on an individual basis.

Having determined the benefit of having an SRO on campus and engaged with the student population, this Grand Jury investigation discovered differences in the number of days and hours per week an SRO was on campus at each high school as summarized in the table below. Factors included funding and geographic isolation.

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<sup>5</sup> <https://dare.org/the-role-and-preparation-of-school-resource-officers/>



<b>SCHOOL RESOURCE OFFICER ON CAMPUS (Days per week)</b>								
Arroyo Grande High School	Atascadero High School	Coast Union High School	Morro Bay High School	Nipomo High School	Paso Robles High School	San Luis Obispo High School	Shandon High School	Templeton High School
5 days	4 days	1 day	5 days	4 days	5 days	4-5 days	2 days	5 days

**MENTAL HEALTH PROGRAMS AT THE SCHOOLS**

Outside of the mental health section of the Freshman health class, various mental health programs available were largely specific to individual schools. Overall, committed staff have found methods to incorporate mental health programs into their campuses using existing resources or occasionally grant funding. Although district funding has slowly and occasionally allocated additional staff positions, very few of the following programs have direct district funding.

**Each Student Matters:  
Highlighting a Best Practice at San Luis Obispo High School**

San Luis Obispo High School has a goal of each student being known by teachers and staff. A list of students is posted at staff meetings and a checkmark is put next to names by teachers acknowledging that they know or have a relationship with that student. Students without a checkmark, or without many, are sought out. The school’s goal is that no student is invisible. Each student matters.

***Mental Health Curriculum***

California Standards only require teaching social emotional or mental health as a unit of the freshman health class curriculum. This gives students academic credits acquiring mental health awareness and coping skills. Many of the educators interviewed stated that lessons on this very important topic need to start in elementary and continue through students’ senior year as they grow and encounter new challenges. An ongoing age-appropriate approach to teaching mental health awareness can have the benefits of helping students to recognize and develop coping skills for

stress and anxiety, create an awareness and language to articulate problems for earlier interventions and understand mental health struggles for a more supportive campus environment.

**Highlighting a Best Practice:  
Social Emotional Lessons (SEL) at Atascadero High School**

Social Emotional Lessons (SEL) can teach positive relationships, mental health awareness, and coping skills that are more specific and relevant to students today. Atascadero High School has social emotional lessons presented weekly schoolwide at the end of the class before lunch. The lesson introduces a topic typically streamed through media/school television and are designed to be relevant to current teens. The timing before lunch was chosen to create an opportunity for students to discuss what they had just learned with their peers during their lunch leisure time. Administration at the school felt that the lessons provide extremely beneficial education.

***Wellness Centers***

Wellness Centers are designed to provide a safe supportive environment on campus. Each Wellness Center operates independently and offers a variety of services. Students are either referred by a school counselor, a teacher, a parent, or they can self-refer. The Wellness Center offerings vary from campus to campus, most frequently providing a location for self-calming, individual counseling, group counseling, social skills development, and crisis intervention. Some campuses offer the Wellness Center as a safe place for the students no matter what their state of mind. Currently, Atascadero High School, Coast Union, Paso Robles High School and Shandon High School have a specific space designed for their Wellness Center. Some campuses that do not have a Wellness Center are doing their best to provide those safe places such as a wellness area in the counseling office. Funding, including grants directed toward schools, may be made available to create this important and safe place. The inability to staff the Wellness Center or hire more mental health therapists limits more widespread implementation.

**Highlighting a Success Story:  
Shandon High School's Pathway to Creating A Wellness Center**



Our interviews conducted at Shandon High School discovered an amazing success story -- certainly one that could be modeled by other County high schools. Despite small enrollment and their geographic isolation, Shandon High School made the decision to open a Wellness center on campus. From inception of the idea to their grand opening in January 2023, the entire process was completed in under one year. Shandon High School applied for a grant with the help of the San Luis Obispo County Office of Education (SLOCOE) and received unanimous approval from the Shandon Joint Unified School District. This grant, along with other SJUSD funds, a Homeless and Foster Youth Grant from SLOCOE, and private donations were all used to fund the Wellness Center. The initial grant request was for \$200,000. Other agencies involved in helping start up the Wellness Center were The Link Family Resource Center, County Behavioral Health, and SLOCOE Special Education Local Plan Area (SELPA).

This new Wellness Center will serve as a place for students and their families to access mental health services, telehealth appointments, academic counseling, as well as a meeting facility for outside agencies to meet with students and their families. Mental health services will include confidential counseling, group counseling, social skills development, and crisis intervention. These services are available to all students on Shandon campuses and their families. This Wellness Center is in the middle of the school campus. Because the process for receiving mental health services takes place entirely within the school's walls, any student who needs help can receive treatment for anxiety, depression, substance use or other concerns regardless of their family's ability to pay. Having Wellness Centers on campus can reduce the stigma associated with mental health issues. Students at Shandon High School now know that it is OK to ask for help, and that it is OK to seek support. Shandon High School's exemplary effort to shift the school culture to a more trusting and comfortable environment is to be commended and should be a model for other County high schools.

## ***Substance Abuse Prevention***

Substance abuse prevention must start early, before high school, and needs to be ongoing as teens are exposed to new social situations, new stressors and are developing life coping strategies. The data suggest that patterns of substance abuse become worse in the high school years.<sup>6</sup> With the increased societal focus on opiate abuse/overdose and vaping, along with external programs that can be utilized by the schools, the Grand Jury expected robust drug prevention programs in our County high schools. What we found was, like other mental health support programs, attention to this area varied widely by school, although there were some areas of commonality. As with most mental health issues, a standard response was that this was covered in the freshman health curriculum. All schools had computer curriculum or referral along with a parent forum if students were found intoxicated or with banned substances (including vaping) on campus. Many campuses also made use of Friday Night Live (FNL) at varying levels from almost weekly to in some cases quarterly throughout the school year. FNL is a youth development and substance abuse prevention program that receives funding from the California Department of Health Care Services (DHCS).<sup>7</sup> Beyond FNL, some high schools were unable to point to any additional substance abuse prevention programs, while others had a multifaceted approach. Additional programs included on some campuses were Red Ribbon Week,<sup>8</sup> Every 15 Minutes,<sup>9</sup> lunchtime activities, assemblies featuring guest speakers, and a gallery walk highlighting student art and writing on the theme of substance abuse.

All schools have Narcan<sup>®</sup> –(an opiate blocker used for suspected opiate overdose) available on campus. The availability of this lifesaving treatment has become a standard of care as opiate addictions have increased and as accidental overdoses have become increasingly common from opiate addiction as well as street drugs and counterfeit drugs of all kinds now often contaminated with fentanyl. Some schools had only the school nurse and the SRO trained on Narcan use, even when these staff were not on campus full time. Other schools had more staff

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<sup>6</sup> <https://youth.gov/youth-topics/substance-abuse/evidence-based-programs-youth-substance-abuse-prevention-and-treatment>

<sup>7</sup> <https://fridaynightlive.tcoe.org/>

<sup>8</sup> <https://www.redribbon.org/>

<sup>9</sup> <https://www.chp.ca.gov/programs-services/programs/youth-programs/every-15-minutes>

trained. Narcan training can be done in a short amount of time and can range from viewing a seven-minute video prepared by the manufacturer to a four-hour certification class.

### ***Bullying Prevention***

In response to questions about the prevention of bullying, most school staff and administrators believe that their relationships with students allow them to be comfortable with coming to them to report any bullying that they experienced or witnessed. No formal programs exist to reduce bullying beyond apps allowing emailed or texted tips. For texting a tip, the best practice was an anonymous texting system. Most, but not all, tip reporting technologies were anonymous. Schools that pair incoming freshmen with upper classmen through Link Crew,<sup>10</sup> or provide team building through Challenge Day,<sup>11</sup> report that these activities create a supportive school climate which addresses bullying.

### ***Suicide Prevention***

One area that this investigating body focused on was suicide prevention in our County high schools. Suicide awareness education and programs can help students recognize and manage their emotions, as well as destigmatize mental health struggles.<sup>12</sup> Teachers, administrators, school staff members, and even the students themselves are in a key position to recognize the signs of suicide risk and make appropriate referrals. Our County schools can equip these campus stakeholders with the tools to identify warning signs and refer out for additional help. Prevention programs can be carried out by a team of staff members, including school counselors, administrators, mental health professionals, school nurses, teachers, and coaches.

Our interviews revealed that there is some training given to alert teachers to potential high-risk students. San Luis Obispo High School conducts suicide training for staff every two years. Also, there are various clubs on campus for students through the Sandy Hook Promise program.<sup>13</sup> One portion of this program raises awareness about universal suicide prevention for all students.

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<sup>10</sup> <https://www.boomerangproject.com/link/what-is>

<sup>11</sup> <https://www.challengeday.org/>

<sup>12</sup> <https://www.edutopia.org/teenage-suicide-prevention-screening-programs>

<sup>13</sup> <https://www.sandyhookpromise.org/blog/advocacy/the-state-of-student-and-school-safety/>

By raising awareness, this helps build a school community that knows the warning signs of suicide in adolescents and what to do when they are identified.

Many of the high schools in our County display posters throughout campus for suicide awareness. There are also materials available by academic counselors on suicide prevention. Most County high schools have suicide hotline phone numbers printed on the back of student ID cards as well.

There are many programs, trainings, webinars, and toolkits available to high schools and their districts. These programs can create opportunities for conversations within classrooms about suicide, depression, and the stigma surrounding suicide. School settings create a unique opportunity for identifying risk and preventing youth suicide. Schools are where our youth spend much of their time, therefore, suicide prevention programs can be a natural fit and make suicide awareness more accessible and practical to all students. Some examples of programs available are:

- National Institute of Mental Health: School Based Suicide Prevention.<sup>14</sup>
- Youth.gov. Preventing Suicide: A Tool Kit for High Schools.<sup>15</sup>
- SAVE Suicide Awareness Voices of Education.<sup>16</sup>

While no single program or resource will end youth suicide, increased attentiveness toward outside programs and agencies, along with an aggressive approach toward suicide prevention within our County high schools will ultimately benefit our children.

### ***Marketing and Outreach***

The many schools that the Grand Jury interviewed discussed the numerous ways they market mental health awareness and wellness centers to their students. Distribution of school handbooks is provided prior to the start of a new school year at orientation, registration or during course schedule pick up. Pamphlets may be included in the student packet raising mental health

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<sup>14</sup> <https://www.nimh.nih.gov/news/media/2022/school-based-suicide-prevention-promising-approaches-and-opportunities-for-research>

<sup>15</sup> <https://youth.gov/feature-article/preventing-suicide-toolkit-high-schools>

<sup>16</sup> <https://save.org/what-we-do/education/leads-for-youth-program/>

awareness and providing guidance about where to go and what to do in case of crisis or to get more information. During the school year, parents and students can find information on most schools' individual websites, ParentSquare<sup>17</sup>, and through school newsletters distributed directly to students, by mail and by email. Using platforms such as Google Classroom, teachers and administrators share newsletters and or announcements to reach out to students schoolwide regarding various programs, activities, or upcoming events. A few schools even have a YouTube channel with announcements and news regarding school activities and programs that are shown to students during a home room period and can also be easily accessed by parents. Posters are used on campuses to promote clubs, events, programs, and provide positive motivation regarding mental health.

### ***Areas of Need***

All schools provided meaningful mental health services with existing resources. Those with staffed Wellness Centers were satisfied with their staffing and level of services. Those without Wellness Centers stated that they would benefit from an additional counselor or a part-time mental health provider. Overall, students at most schools would benefit from more robust multifaceted approaches to substance abuse prevention and suicide prevention. More mental health curriculum and social emotional lessons incorporated into our children's entire school experience is also an identified need. During interviews, the Grand Jury asked school personnel what they needed and what they would put on a wish list. Responses varied among the schools and are listed in the table below.

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<sup>17</sup> <https://www.parentsquare.com/>

### **School Wish List Items Identified During Campus Interviews**

- Wellness Center.
- Additional counselor.
- Full-time school mental health therapist instead of part-time contract.
- SRO on campus 5 days a week.
- Anonymous method to report bullying.
- School affiliation with Lumina Alliance<sup>18</sup> to support sexual assault survivors and for program development to reduce intolerance and violence.
- Additional staff training.

## **ACCESS TO THERAPISTS AND MANAGING CRISIS**

The Grand Jury asked our various respondents about the process for students seeking mental health counseling. Responses varied, but most schools indicated that the student could self-refer for most mental health concerns. Some schools stated that students were required to submit a written referral, either through a teacher or an academic counselor, while other schools indicated an email system that allowed students to seek help. Most of the administrators we talked to assured us that staff recommendations and parent requests were also taken into account. When mental health issues rise to emergency status, all schools refer students to County Behavioral Health and their Mobile Crisis Response Teams. These teams are made up of practitioners including licensed clinicians, social workers, and therapists with training and experience in crisis response. They can provide stabilization for youth experiencing a mental health crisis. Additionally, schools reported that they have a list of resources that they can provide to parents.

## **CONCLUSIONS**

The Grand Jury found, in its investigation, the high school staff interviewed to be concerned and actively engaged in supporting student mental health. All were meeting the most visible student needs, but many still wanted to do more. A common theme in interviews was that

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<sup>18</sup> <https://luminaalliance.org/>



additional allocation of mental health staff would be helpful, yet job openings are hard to fill in the current labor market. Each school had independently developed its own strategies to address mental health concerns. Best practices that the Grand Jury identified are summarized in the table below. To some extent, variation in programs from one school to another can be expected, due to different school demographics and local resources. The results from the yearly California Healthy Kids Survey may also identify different focused areas of need for individual schools. Overall, the schools' needs are similar, and better sharing of successful programs among schools could allow improvements within the context of limited resources. Likewise, many fully developed external programs are available that could be used throughout the school system without as much staff time now used for program development. Training programs such as Youth Mental Health First Aid can increase staff skills, confidence, and teamwork to support student mental health. Our schools would benefit from a more active leadership role from the County Office of Education in order to share and help facilitate implementation of programs among the schools, obtain recognized developed mental health programs, and coordinate staff mental health training.

- Current Best Practices for Campus Mental Health**
- Wellness Centers.
  - Full-time mental health therapists.
  - Schoolwide regular designated time for brief social emotional lessons.
  - Anonymous method to report bullying.
  - Link Crew of older high school students to orient freshmen.
  - Multifaceted approach to drug use prevention.
  - Teacher-staff case conferencing on individual student status and assurances that all students are having needs met.

## **COMMENDATION**

Our schoolteachers, counselors, therapists, staff, and administrators have many hats to wear in today's schools. Our appreciation goes out to these individuals who not only provide academic learning, but also do so much more to keep our children safe and mentally healthy.

## **FINDINGS**

- F1. All high schools investigated by the Grand Jury are aware of and acknowledge mental health concerns and are commended for seeking to address this need.
- F2. There is a growing trend in establishing Wellness Centers on campuses. Wellness Centers are seen as a best practice, shifting the tone and culture of the school to a more positive atmosphere in support of mental health.
- F3. Freshman Health Class curriculum has a specific mental health section, whereas additional instruction at higher grade levels is inconsistent among Districts.
- F4. School Districts have different approaches to address mental health and there is no uniformity.
- F5. Significant strides are being made to destigmatize Mental Health among the student population.
- F6. There is a lack of front-line staff training in mental health intervention.
- F7. SRO staffing is inconsistent among the school districts.
- F8. School districts are having difficulty hiring trained and certified staff for mental health. Contract staff are often used part-time. As a result, access for students can be insufficient and inconsistent.
- F9. Roles of counselors vary among schools. Not all counselors have defined roles pertaining to mental health.
- F10. Insufficient staff have training on how to use Narcan for possible opiate overdoses.
- F11. Bullying reporting methods should be more extensive and wide-ranging. Bullying tiplines does not appear to be anonymous at all schools.
- F12. Suicide prevention programs need to be more consistent and robust on high school campuses.

## **RECOMMENDATIONS**

- R1. The San Luis County Office of Education (SLOCOE) should develop a plan to assist schools and districts in obtaining grants for funding of Wellness Centers within the 2023-24 school year.
- R2. School administrators need to extend the mental health curriculum beyond the Freshman health class within the 2023-24 school year.

- R3. In keeping with the SLOCOE mission statement, transition from a supportive position to a more proactive leadership role in expansion of best practices for mental health across County campuses is needed.
- R4. Utilize more externally developed programs to maximize mental health and substance abuse prevention, i.e., FNL, Red Ribbon Week, and Every 15 Minutes.
- R5. More campus staff and teachers need to be trained in Youth Mental Health First Aid or an equivalent program within the next school year.
- R6. Work toward a full time SRO at all high schools.
- R7. Where possible, employ full-time permanent mental health staff at every high school.
- R8. Provide widespread training of campus staff on Narcan use within the 2023-24 school year.
- R9. All campuses should make an anonymous bullying reporting program available within the 2023-24 school year.
- R10. Suicide awareness training needs to be conducted annually for teachers, staff and students.

### **REQUIRED RESPONSES**

The Superintendent of Schools at the San Luis Obispo County Office of Education (SLOCOE) is required to respond to: R1 – R5 and R10.

All Public County High School Superintendents are required to respond to: R2 and R4-10. Principals are invited and encouraged to respond to: R2 and R4-10.

All Public District School Boards with high school oversight are required to respond to: R2, R5, R7.

All responses shall be submitted to the Presiding Judge of the San Luis Obispo County Superior Court as follows:

Responses from Superintendent of Schools at the San Luis Obispo County Office of Education are due within 60 days of submission of the report;

Responses from Public District School Boards and Public County High School Superintendents are due within 90 days of submission of the report;

Responses from Public County High School Principals are invited, but not required, within 90 days of submission of the report.

A paper copy and an electronic version of all responses shall be provided to the Grand Jury.

**933.05. Findings and Recommendations**

- (a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:
  - (1) The respondent agrees with the finding.
  - (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.
- (b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:
  - (1) The recommendation has been implemented, with a summary regarding the implemented action.
  - (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
  - (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.
  - (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation, therefore.

Presiding Judge	Grand Jury
Presiding Judge Craig van Rooyen Superior Court of California 1035 Palm Street Room 355 San Luis Obispo, CA 93408	San Luis Obispo County Grand Jury P.O. Box 4910 San Luis Obispo, CA 93403