

Santa Barbara County, Behavioral Wellness

# Behavioral Health and Our Schools

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SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

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## INTRODUCTION

What is Behavioral Health?

“Behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include (but are not limited to) serious psychological distress, suicide, and mental illness (SAMHSA, 2011). Such problems are far-reaching and exact an enormous toll on individuals, their families and communities, and the broader society.”<sup>1</sup>

Santa Barbara County Department of Behavioral Wellness provides and also contracts with local agencies to provide behavioral health care services throughout the county.

**The Mission of Santa Barbara County’s Department of Behavioral Wellness is to promote the prevention of and recovery from addiction and mental illness among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.**

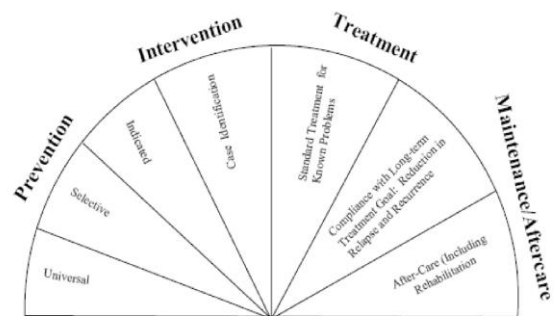
In terms of mental health, the Department’s **mandate** is to serve the most ill - adults with serious, persistent mental illness (SPMI) and children who are seriously emotionally disabled (SED). However, the Department also recognizes the critical importance of prevention, early identification and early intervention services.

<sup>1</sup> <http://www.samhsa.gov/capt/tools-learning-resources/behavioral-health-fact-sheets>

“Mental health problems affect one in five young people at any given time, and about two-thirds of all young people with mental health problems are not getting the help they need. Research shows that early intervention can prevent significant mental health problems from developing. Epidemiological research confirms the relationship between mental health issues and suicide or self-mutilation, substance abuse, suspension, dropping out, expulsion and involvement with the juvenile justice system. The research also shows that effective treatment can reduce the risk of such consequences.”<sup>2</sup>

In terms of alcohol and other drugs, the Department works to support a comprehensive continuum of services in the county, from prevention through treatment and aftercare.

## Behavioral Health Services Spectrum<sup>3</sup>



Santa Barbara County Department of Behavioral Wellness is interested in assessing behavioral health among youth in order to better understand risks and needs throughout the County and also to

<sup>2</sup>

<http://www.mentalhealthamerica.net/positions/early-identification>

<sup>3</sup> Center for Substance Abuse Treatment. *Substance Abuse and Suicide Prevention: Evidence and Implications—A White Paper*. DHHS Pub. No. SMA-08-4352. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2008

help guide decision making and resource allocation (dollars and services).

For this assessment, new data were not collected; two existing data sources were utilized: (1) student demographic data available from the California Basic Educational System (CBEDS) and (2) student self-report data from the California Healthy Kids Survey (CHKS).

## RESULTS

### Poverty: Districts & Schools

There is a well-documented relationship, a strong association, between childhood poverty and mental health status and outcomes.<sup>4</sup>

“Low-income children, youth, and their families are disproportionately affected by mental health challenges, impairing the ability of children and youth to succeed in school and placing them at risk of involvement with child welfare and juvenile justice agencies.”<sup>5</sup>

Because it is known that children living in poverty are at greater risk for poor mental health outcomes, it is important to examine the distribution of poverty across the county.

<sup>4</sup> Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. DOI: [10.1177/2167702613501496](https://doi.org/10.1177/2167702613501496)

Long-term Poverty Affects Mental Health of Children <http://www.sciencedaily.com/releases/2006/02/060206171449.htm>

Evidence mounting that poverty causes lasting physical and mental health problems for children <http://www.post-gazette.com/news/health/2013/11/25/CHILDREN-and-POVERTY/stories/201311250024>

Mind Matters: The Impact of Poverty on Mental Health <https://www.children.org/mind-matters-the-impact-of-poverty-on-mental-health#sthash.i2niDl0K.dpuf>

<sup>5</sup> <http://www.nccp.org/topics/mentalhealth.html>

Qualifying for the federal **Free and Reduced Price Meals (FRPM) program** is often used as an approximate measure (a “proxy”) of poverty.

“A free and reduced meal program is a federal program offering assistance to students whose families meet the definition of being a low-income family. Every public school in the United States offers a free and reduced meal program for their students. Students who are eligible for free or reduced lunches at school, as defined by the [National School Lunch Act](#), may eat school meals for free or at a reduced cost.

This program provides cash subsidies for free and reduced-price breakfasts and lunches to students based on family income and size. Eligibility is determined via an application process that parents must complete and submit each year. Children from families at or below 130 percent of the poverty level are eligible for free meals. Children from families between 130-185 percent of the poverty level are eligible for reduced-priced meals.”<sup>6</sup>

The Federal Poverty Levels are as follows:

\$11,770 for individuals  
 \$15,930 for a family of 2  
 \$20,090 for a family of 3  
 \$24,250 for a family of 4  
 \$28,410 for a family of 5  
 \$32,570 for a family of 6  
 \$36,730 for a family of 7  
 \$40,890 for a family of 8

For example, in order for a family of 4 to qualify for the FRPM programs, their income would need to be at or below 185% of the federal poverty level — which is about \$44,000 for a family of four.

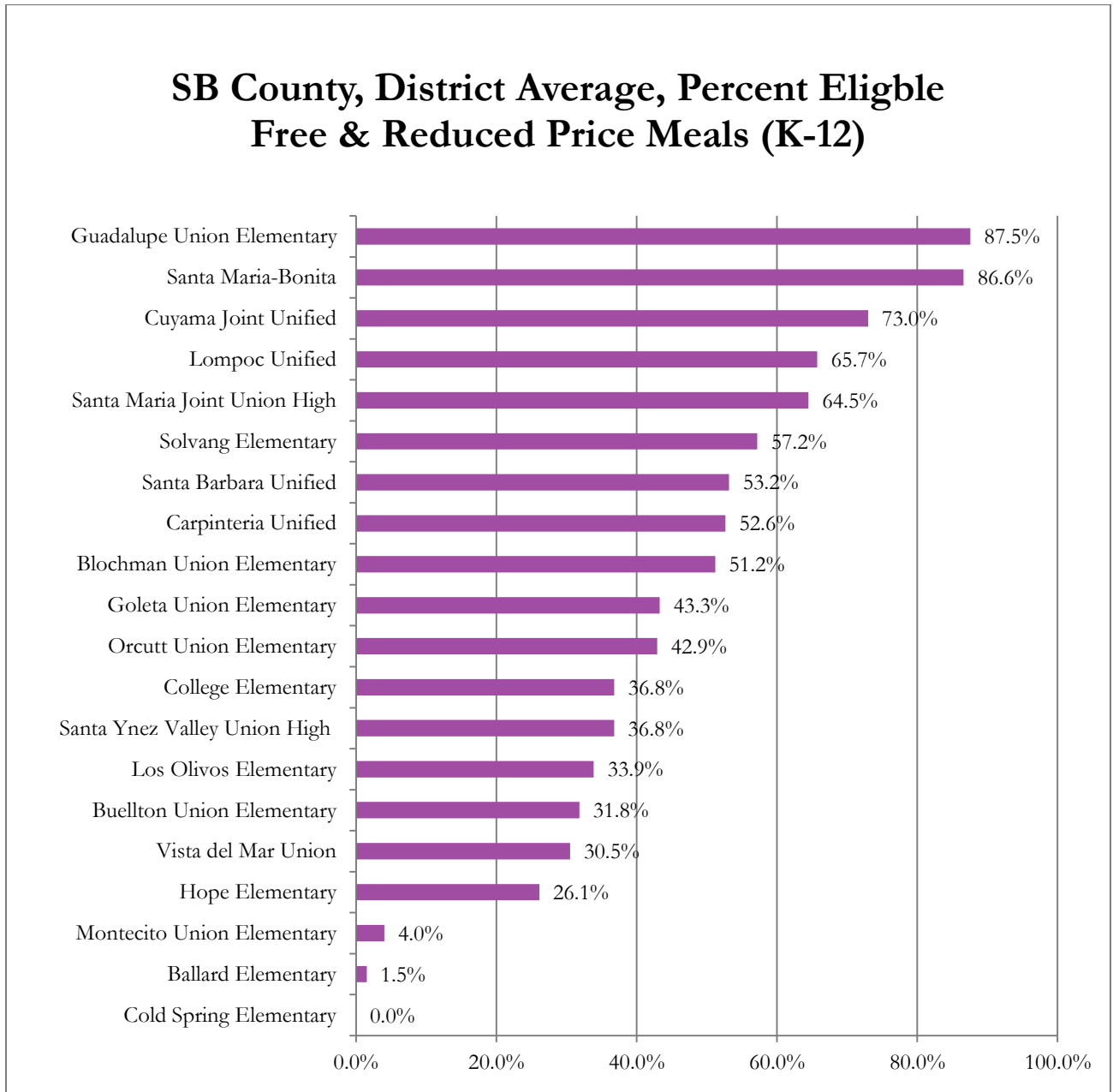
Data were first examined at the district level, by calculating the average percent of students on FRPM. As can be seen in Table 1 below, there is

<sup>6</sup> <http://teaching.about.com/od/gloss/g/Free-And-Reduced-Lunch-Program.htm>



great variation across the county, with three (3) districts reporting little no students eligible for FRPM, and nine (9) districts with more than half (50 %+ ) of their students eligible for FRPM.

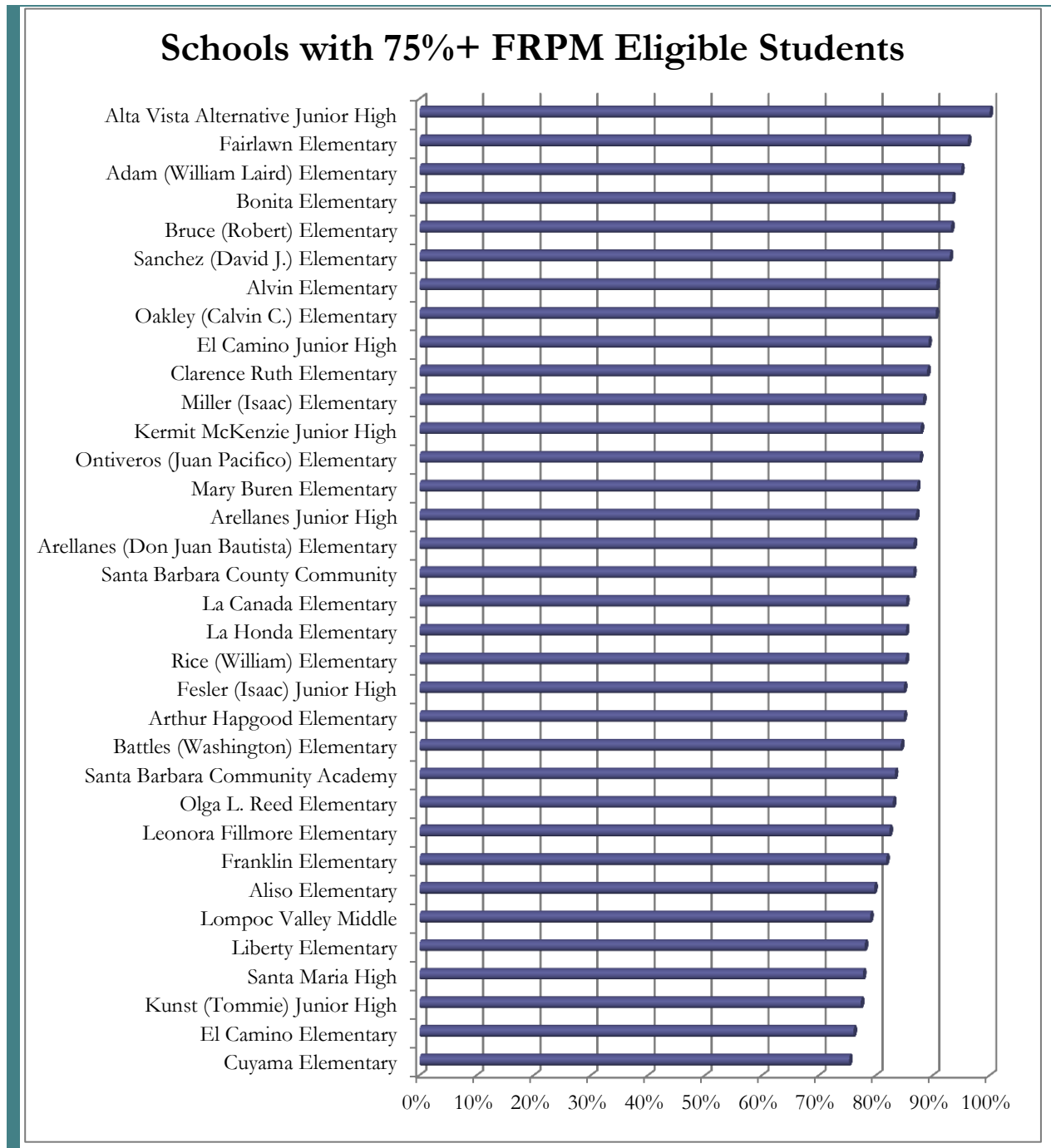
**Table 1 –Average Percent FRPM, by District**



Next, the average percent of students eligible for FRPM was calculate by school.

**Table 2** lists the thirty-four (34) of the county’s one hundred and thirteen (113) K-12 schools that have 75% or more of their student body eligible for FRPM

**Table 2 – All Schools, 75%+ FRPM Eligible Students**



These thirty-four (34) schools with the highest poverty were concentrated in 10 districts, listed below; along with the number of qualifying schools within the district. These 34 schools together serve 23,695 students in Santa Barbara County.

**Table 3 - 75%+ FRPM Eligible Schools, by District**

#	District
1	Carpinteria Unified
1	Cuyama Joint Unified
1	Goleta Union Elementary
1	Orcutt Union Elementary
1	Santa Barbara County Office of Education
1	Santa Maria Joint Union High
2	Guadalupe Union Elementary
3	Santa Barbara Unified
6	Lompoc Unified
17	Santa Maria-Bonita

**Summary:** Rates of poverty, as indicated by FRPM, are variable throughout the county and also within districts. In terms of district averages, it appears that the greatest risk and need would be in: first in Guadalupe, next in Santa-Maria and then Cuyama. If, however, schools which have 75% or more poverty are examined and grouped by district, then the greatest risk and need is: first in Santa Maria, next in Lompoc and then in Santa Barbara.

### California Healthy Kids Survey

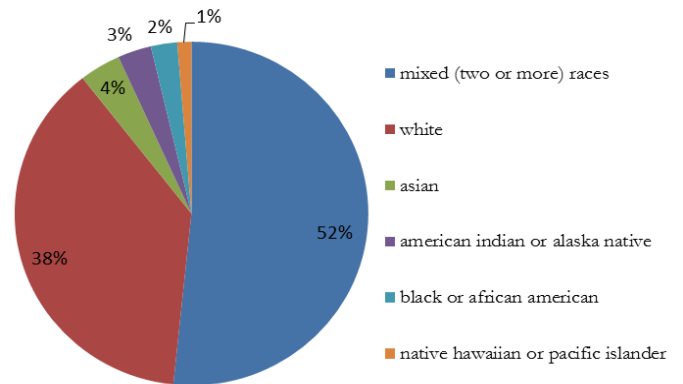
The California Healthy Kids Survey (CHKS)<sup>7</sup> is a comprehensive statewide survey instrument that assesses all major areas of health-related behavior, including resiliency, protective factors, and risk behavior. CHKS is sponsored by the California Department of Education (CDE), and is administered in participating school districts through passive or active consent, to students in grades 7, 9 and 11 every other year. Data analyzed for this report were collected in the Fall of the 2014/2015 academic year.

<sup>7</sup> <http://chks.wested.org/>

### Demographics

There were a total (N) of 12,899 CHKS survey participants in Santa Barbara County – 33% in 7<sup>th</sup>, 33% in 9<sup>th</sup> and 30% in 11<sup>th</sup> grade; 51% were male, 65% were Latino.

**Race, CHKS 2014-2015**



The vast majority of survey respondents came from four (4) school districts: Santa Barbara Unified, Santa Maria Joint Union, Lompoc Unified and Santa Maria-Bonita. Table 4 displays the number and percent of respondents by district.

**Table 4 – CHKS Respondents, by District**

District	N	%
Santa Barbara Unified	3681	28.5
Santa Maria Joint Union High	3647	28.3
Lompoc Unified	2090	16.2
Santa Maria-Bonita	1415	11
Orcutt Union Elementary	772	6
Santa Ynez Valley Union High	491	3.8
Carpinteria Unified	459	3.6
Guadalupe Union Elementary	123	1
Buellton Union Elementary	56	0.4
SB County Office of Education	52	0.4
Cuyama Joint Unified	48	0.4
College Elementary	29	0.2
Los Olivos Elementary	25	0.2
Solvang Elementary	11	0.1
<b>Total</b>	<b>12899</b>	<b>100</b>

These four districts account for 72% of the County’s enrollment and 84% of CHKS respondents.

### Mental Health

There are two mental health related questions in the CHKS – one regarding depression, and the other, suicidal ideation.

***“During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?”***

Nearly **28%** (27.7) - more than **1 in 4** (7<sup>th</sup>, 9<sup>th</sup> & 11<sup>th</sup> grade) students in SB County - reported depression in the last year. A response of no = 1 and yes = 2. The average response for SB County was 1.27. For our internal report, we examined and reported the average depression score in those districts that were higher (or worse) than the average.

***“During the past twelve months, did you ever seriously consider attempting suicide?”***

In Santa Barbara County, **16.7%** of (7<sup>th</sup>, 9<sup>th</sup> & 11<sup>th</sup> grade) students reported that they had seriously considered suicide in the last year.

A response of no = 1 and yes = 2. The average response for SB County was 1.17.

For our internal report, we examined and reported the average suicidal ideation score, as well as the scores for those districts that were higher (worse) than average.

### Substance Use and Abuse ~ Regular, Heavy & Risky Use

Fortunately, the majority of (7<sup>th</sup>, 9<sup>th</sup> & 11<sup>th</sup> grade) students don’t regularly use alcohol and other drugs. The smaller proportions of those that have used in the past 30 days are generally considered “current users.” Table 5 displays the % of students who are current/past 30-day users in Santa Barbara County.

**Table 5 – Current/Past 30-day Use**

	%
Cigarettes	4.8
Smokeless tobacco	2.3
E-cigarettes	12.8
Alcohol	18.8
Mj	11.7
Rx	5.8
Other drug	3.4

Of these current users, most concerning are those who use **regularly, heavily or in risky ways**; they are much more likely to have problems with mental health, at school, at home and in the community. For example, state-wide analyses of the CHKS data indicate that there is a linear relationship between depression and AOD use – as one increase, so too does the other; and, the National Center for Addiction and Substance Abuse reports that teen binge drinkers are more than two times as likely to have contemplated suicide.<sup>8</sup>

**Binge drinking**<sup>9</sup> is generally defined as 5 or more drinks for men and 4 or more for women, in one drinking occasion; 9.2 % of current alcohol users binge drank in the past month.

Of all current **marijuana** users, 7.7% use weekly up to daily in the past month. Among current users, 7.2% are **risky** users in terms of **polydrug**<sup>10</sup> consumption in the past month. Other indicators of heavy, regular and risky use are lifetime frequency of being **sick** from use, **high** and drunk or high **at school** <sup>11</sup>.

<sup>8</sup>[http://surveydata.wested.org/resources/SMH\\_guidebook\\_20130306.pdf](http://surveydata.wested.org/resources/SMH_guidebook_20130306.pdf)

<sup>9</sup> ***“5 or more drinks of alcohol in a row, that is within a couple of hours”***

<sup>10</sup> , ***“two or more substances at the same time (for example, alcohol with marijuana, ecstasy with mushrooms)”***

<sup>11</sup> ***“During your lifetime how many times have you been...***

***...very drunk or sick after drinking alcohol?***

***...“high” (loaded, stoned or wasted) from using drugs?***

***...drunk or high on drugs on school property?”***



**Table 6 – Regular, Heavy and Risky Substance Use**

	%
<b>Past 30-day</b>	
Binge	9.2
Heavy Mj	7.7
Polydrug	7.2
<b>Ever - Lifetime</b>	
Sick	16.2
High	18.9
At School	9.7

It is this smaller group of students – the 10% to 20% who are regularly using, heavily using and/ or using in risky ways - that are typically most likely to have mental health concerns. These are the students with the greatest need for behavioral health intervention/treatment.

Younger students, those who start using at an earlier age and those with other risk factors (such as being involved in the child welfare system) are in greater need of behavioral health prevention, education and early intervention.

### WHERE ARE RISKS AND NEEDS GREATEST?

#### BY REGION

School and Districts were assigned one of three regions based on their location: 1) North, 2) West or 3) South County. Students under the purview of SB County Education, Juvenile Court and Community Schools (JCCS) could be in any of several locations throughout the County and were therefore not assigned to any one region. The largest differences are not between regions, but between JCCS and other students in the county. While JCCS students’ average mental health indicators (depression and suicidal ideation) are lower than other students, all measures of heavy, regular and risky use are higher. We further examined and compared the three regions, without JCCS student data.

#### BY DISTRICT

District level analyses were also conducted and SB County JCCS were excluded, since their higher rates skew the calculation of the average. District averages were calculated and were compared. District that had higher than average score(s) on each of the seven (7) behavioral health - mental health and substance use and risk - indicators were highlighted. Given the strong association between poverty and behavioral health issues, not surprisingly, all but one of the districts is also among the list of those (reported here, earlier) that have schools with 75% or more student poverty.

#### BY SCHOOL

Finally, analyses were conducted by school. Schools that were above the average on the seven (7) behavioral health indicators were listed in descending rank order. Schools in the top quartile (top 25%) were emboldened.

### Summary

Together, The CBEDS and CHKS data tell a story about the distribution of behavioral health risks and needs across our county. The questions that are asked and how the data are examined helps to determine what is found, the conclusions made and ultimately influences decisions that are made. If only school based findings were examined, then all the knowledge, decisions and interventions would naturally be school based. Therefore the Department sought to examine the available data in multiple ways – regionally, by district and by school.

#### Poverty

- ▶ The poverty data, when examined by district average, revealed that, of the nine (9) districts that have more than half (50%) of their students on FRPM, five (5) are in North County, two (2) in West and two (2) in South County.
- ▶ Examining just the subset of schools that have 75% or more of students on FRPM, of which

there are thirty-four (34), reveals that they are concentrated in ten (10) districts.

- 75% (26 of 34) of the schools fall into three (3) districts: Santa Maria-Bonita, Lompoc Unified and Santa Barbara Unified.
- Furthermore, half (50%) of those schools – 17 of the 34 – are in the Santa Maria-Bonita District.

## Behavioral Health

### By Region

The most important regional findings are that:

- Rates of substance use and abuse are substantially, and sometimes several times higher, among youth in the juvenile court and community schools (on probation, in the hall, not in mainstream public school)
- There are regional differences and therefore regional rankings

### By District

There are seven districts in SB County that have higher than average scores on the seven (7) BH measures.

### By School

There are many schools throughout the county that are above average on one or more of the BH measures. There are 13 schools that are in the top quartile (25%) for one or more of the indicators

## SBC Behavioral Wellness

There are several potential next steps:

- “Data for Decision Making:”
  - Align resources with findings from this assessment- incrementally changing internal programming and external contracts (either what the Department, or where, and/or with whom) – targeting schools, districts or regions, based on the data.
  - Use findings to inform future grant seeking and program planning
  - (e.g.: MHSA)
- Conduct further analyses of CHKS:

- Within region by district and/or school.
- Separate analyses by Jr and Senior high school.
- Examine additional measures of BH problems and dependency.
- Update this report as data become available every 2 years

- Examine additional existing data, such as the School Climate Survey.
- Primary data collection: Survey district and school staff and stakeholders to assess current
- BH resources in schools, rank concerns/issues and needs and assess barriers.
- Maintain and strengthen relationships with educational and service partners (County Education, School Districts, CBO’s, primary health care) – share results as appropriate.
- Encourage/Support screening, identification and referral for high risk/need youth.

## Districts & Schools

The Department recommends:

- Continue to collect CHKS and School Climate data.
  - Utilize data for school and district planning.
- Increase school-based behavioral health staff (social workers, counselors).
- Connect with local CBO’s for on campus services and/or off campus referrals.
- Support screening /identification.
- Target services to known high-risk populations:
  - students living in poverty
  - students in the child welfare or juvenile justice systems of care
  - student who identify as gay, lesbian, bisexual or transgender.
- Create a caring, connected school climate and community on campus.
- Utilize evidence based programs and practices, particularly those that are strengths-based, restorative and that support recovery and resiliency.

**Note:**

After a three year school counseling grant from the Department of Education (Santa Barbara Unified School District ended), one of the County's Department of Behavioral Wellness partner organizations requested that their school based counseling contracts increase to meet the high need in South County schools, in particular in "Title 1" schools. Title I refers to the Elementary and Secondary Education Acts' provision of financial assistance to schools with high numbers or percentages of low income children. The Department of Behavioral Wellness decided to assess behavioral health needs throughout the county.

By signed agreement, the Department cannot share findings that identify particular schools or districts; such analyses were conducted and a more detailed report was written for internal circulation.