Assessing a School District's Behavioral Health System and Supports

Presented By:

Center for Healthy Schools and Communities, Alameda County Health Care Services Agency

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California School-Based Health Alliance Webinar Series
Tuesday, February 17, 2015

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES

Webinar Housekeeping

- Everyone is in "listen-only" mode.

- Two listen options: phone or web (phone tends to be better!)

- Call in #: 415-655-0003, Access Code: 661 802 477

- Type questions in the sidebar to the right and there will be time for questions throughout.

- The webinar is being recorded.

- The powerpoint and supporting materials will be emailed to you and available on our website.

California School-Based Health Alliance

The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health and academic success of children and youth by advancing health services in schools.

Our work is based on two basic concepts:

- Health care should be accessible and *where kids are*, and
- Schools should have the services needed to ensure that poor health is not a barrier to learning

Statewide Annual Conference

Join Us in sunny San Diego April 30 & May 1, 2015, for *Advancing Equity in Education & Health Care*, our statewide annual conference.

More information at www.schoolhealthcenters.org.

April 30 & May 1
Bahia Resort
San Diego's Mission Bay

Presenters

Alameda County
Center for Healthy Schools and Communities

- Lisa Warhuus, PhD
  Associate Director, School Based Behavioral Health

- Chandrika Zager, LCSW, MPH
  School Based Behavioral Health Coordinator

Goals for Today

Participants will:

1. Review our School-Based Behavioral Health Initiative and Model

2. Understand the purpose and uses of a district-wide behavioral health assessment

3. Explore our behavioral health assessment approach, including phases, methods, and guiding questions

4. Hear about local examples of district-wide behavioral health assessments

Agenda

1. Introductions and Goals

2. Overview of our School Based Behavioral Health Initiative

3. What are we Assessing?
   - Components of an effective school-based behavioral health system

4. Our Needs Assessment Approach
   - Purpose, phases, methods
   - Guiding questions
   - From assessment to implementation

5. Q & A

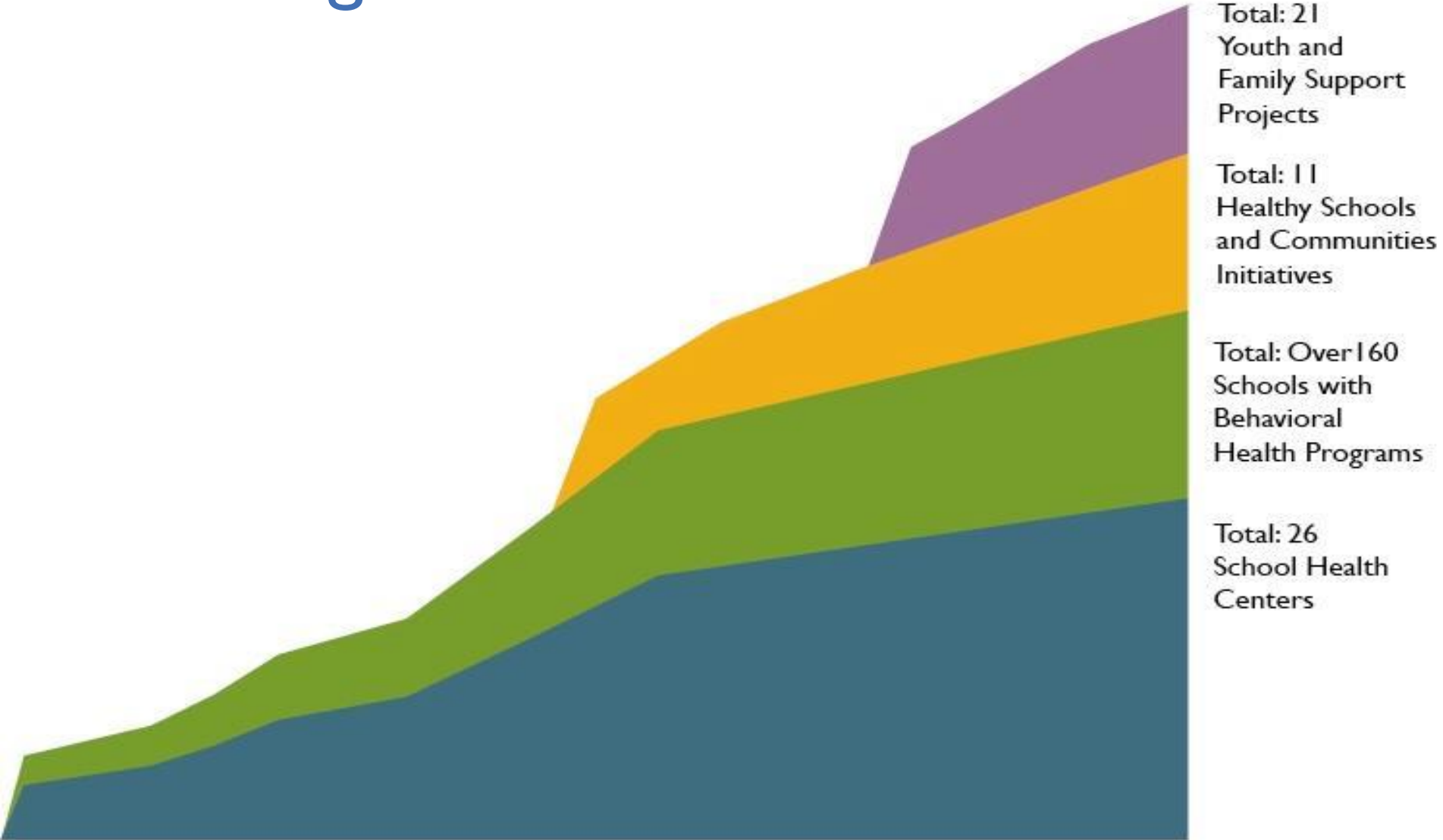# Our School-Based Behavioral Health Initiative

Who We Are

Since 1996, the Center for Healthy Schools and Communities has worked to improve health and education outcomes of Alameda County youth by building school-based health and wellness programs. We:

- link health, education, and communities to change lives and achieve equity

- are staffed through Alameda County Health Care Services Agency

- partner with schools, school districts, service providers, health advocates, policymakers, community partners, youth, and families

We envision a county where all youth graduate from high school healthy and ready for college and career.

Our Programs

Total: 21
Youth and
Family Support
Projects

Total: 11
Healthy Schools
and Communities
Initiatives

Total: Over160
Schools with
Behavioral
Health Programs

Total: 26
School Health
Centers

Center for Healthy Schools and Communities

CHSC Results Framework

Children are physically, socially, and emotionally healthy.

Children succeed academically.

Environments are safe, supportive, and stable.

Families are supported and supportive.

Systems are integrated and care is coordinated and equitable.

ALAMEDA COUNTY SCHOOL-BASED BEHAVIORAL·HEALTH INITIATIVE

A CROSS-DEPARTMENTAL COLLABORATION WITHIN HEALTH CARE SERVICES AGENCY

Alameda County School-Based Behavioral Health Initiative

SBBHI is a partnership between:

- Center for Healthy Schools and Communities, HCSA

- Behavioral Health Care Services, HCSA

- Alameda County school districts

- Community based behavioral health providers

Why School-Based Behavioral Health?

- One in five children in the U.S. suffers from a diagnosable mental, emotional, or behavioral disorder at any given time

- Several studies have estimated that as many as four out of five children with behavioral or addictive disorders do not receive services

- Trauma negatively affects the behavioral health of students, and especially students from urban, low-income communities of color who have estimated trauma rates as high as 70-100%

- The consequences of untreated mental health issues have considerable impacts – greater risk of poor academic performance, suicide, substance abuse, and unemployment

- School-based mental health services have been linked to positive behavioral health outcomes, e.g. decline in depression and suicide ideation among students.

SBBH Initiative Purpose

To strengthen and expand school-based behavioral health practice, finance, evaluation, and policy in order to:

- Significantly improve the social emotional health of youth

- Improve youth access to and utilization of behavioral health supports

- Shift the practice paradigm to increase impact

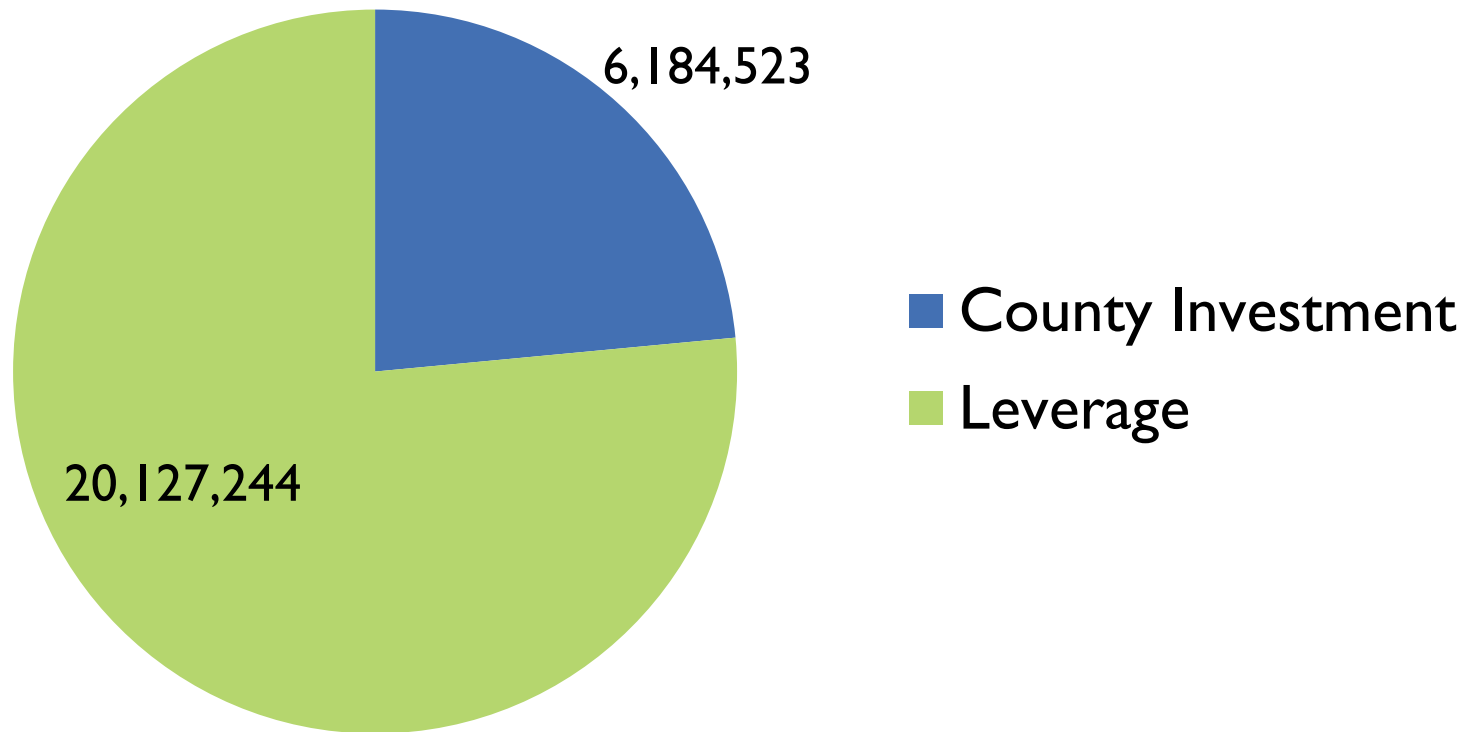- Strengthen capacity of providers to deliver high quality and relevant interventions

Serving Youth, Schools & School Districts
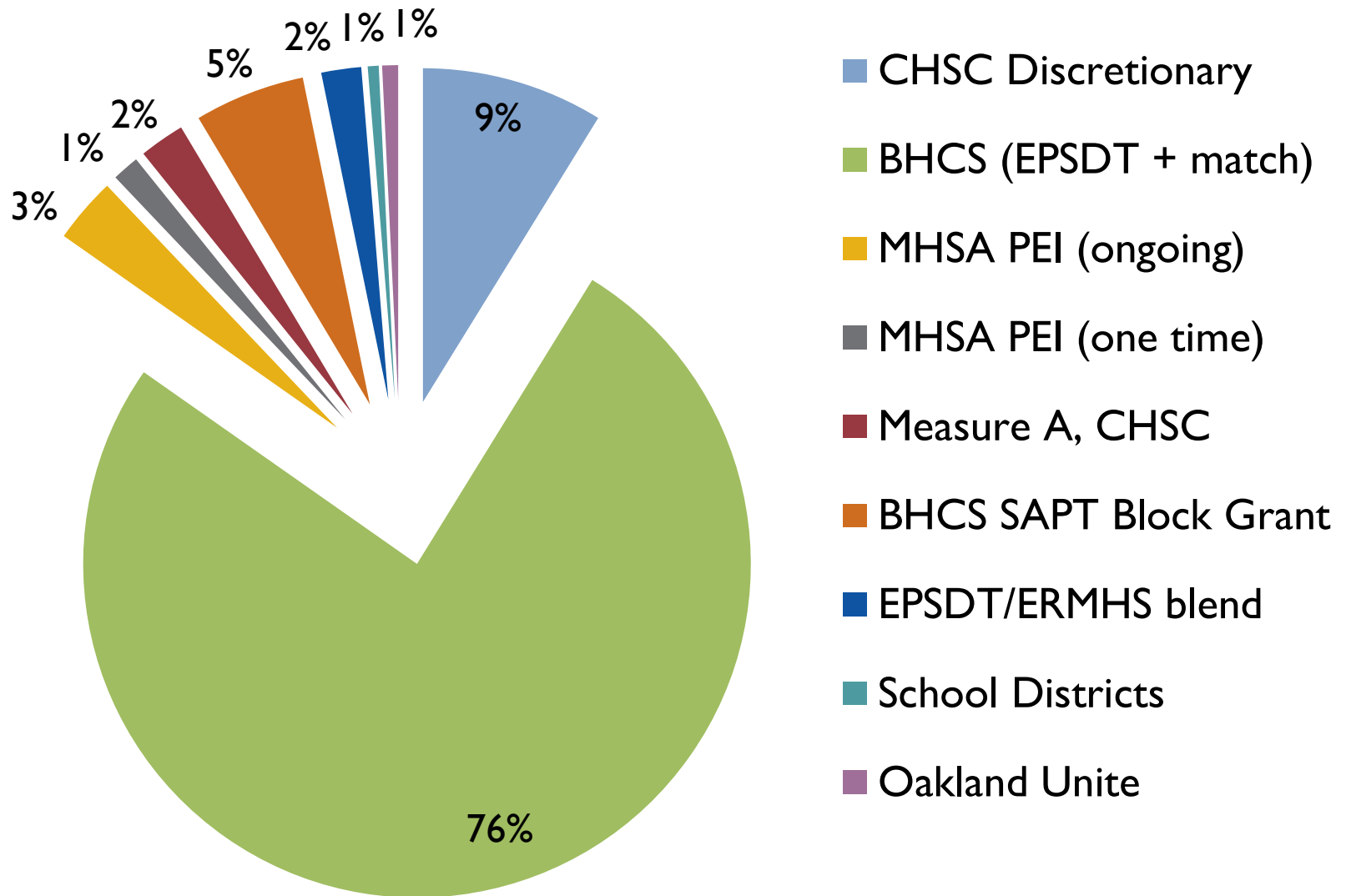
Numbers
Served in
2012-2013

8,077
Children and
Youth

164
School
Sites

17
School
Districts
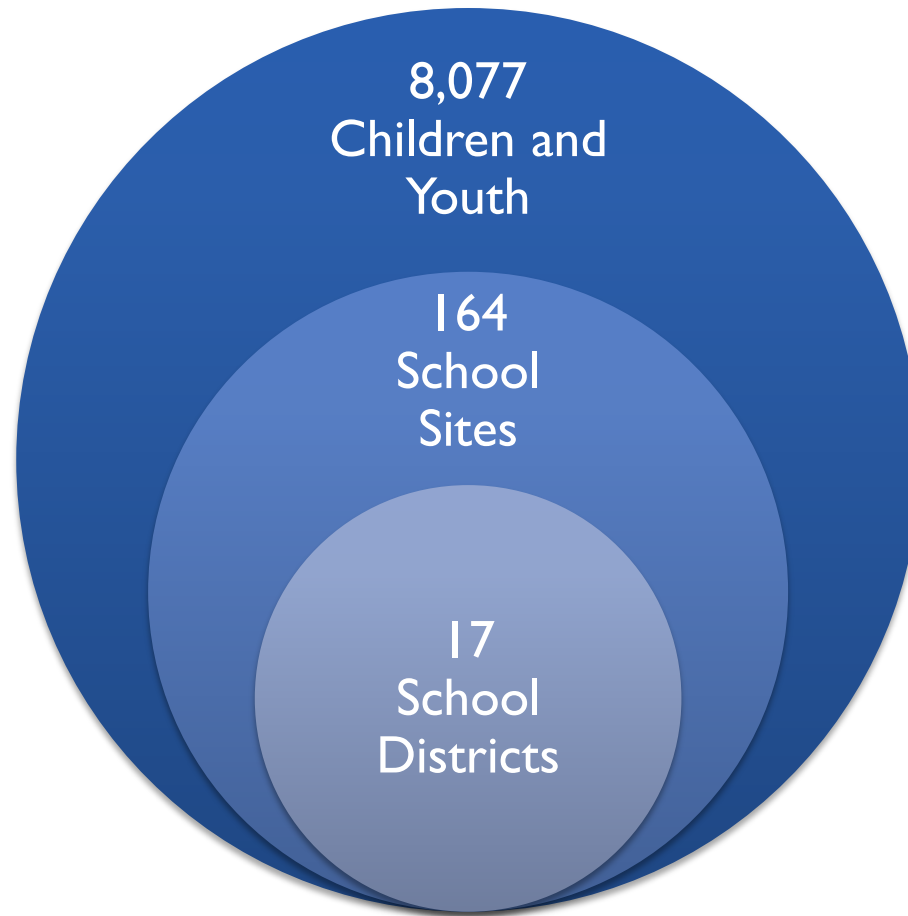
County-Wide Investment

Total SBBH Initiative Services: $26,311,767

6,184,523

■ County Investment

■ Leverage

20,127,244

Service Investments by Funding Stream

Pie chart:
- 76% (green)
- 9% (light blue)
- 3%
- 1%
- 2%
- 5%
- 2%
- 1%
- 1%

Legend:
- CHSC Discretionary
- BHCS (EPSDT + match)
- MHSA PEI (ongoing)
- MHSA PEI (one time)
- Measure A, CHSC
- BHCS SAPT Block Grant
- EPSDT/ERMHS blend
- School Districts
- Oakland Unite
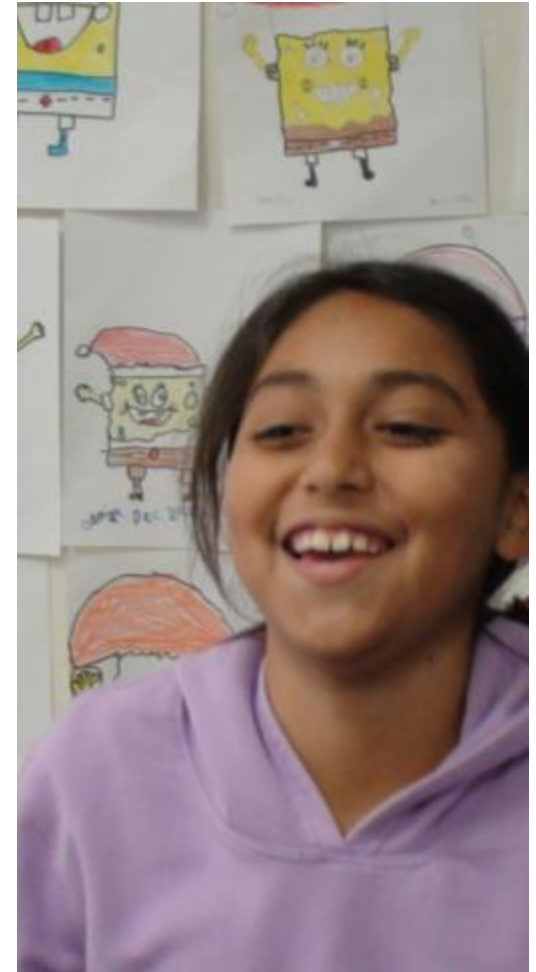
Results: Improved Social Emotional Health

- Assessments at intake and discharge showed changes in internal and external resilience

- Providers assessed students on 41 presenting problem areas at intake and discharge. Improvements in:
  - Academic functioning
  - Emotional stability
  - Relationship skills
  - General health
  - Well-being

Results: Improved Access and Utilization

- 20 behavioral health providers in 164 schools in 17 districts

- 8,077 youth received school-based behavioral health services: one-on-one or in groups

- Blended funding allowed for comprehensive continuum

- Evidence-based prevention services reached the entire school population

Results: Integrated Continuum

- Improved collaboration between clinicians, school district personnel, and program administrators to build a stronger safety net for children and youth

- Expanded funding and services in all school districts to include evidence-based prevention approaches that target all students in a school

- Placed 12 mental health consultants in school districts:
  - Six CCMs (San Leandro, New Haven, Newark, Hayward)
  - Six district employees (Fremont, Newark, New Haven, Castro Valley, Emery, San Lorenzo)

Results: Increased Provider Capacity

- Over 500 clinicians, counselors, and educators received training in core school-based behavioral health program areas, including:
  - Mental health consultation
  - Crisis response
  - Family support and engagement
  - Restorative Justice
  - School climate interventions
  - Cultural competence
  - Service coordination systems

- Practice communities of school-based behavioral health providers and school district staff have been established.

Creating Effective School-Based Behavioral Health Systems

School Based Behavioral Health Model

Systems Practices

School-Wide Involvement

District Coordination

Infrastructure and Coordination

Cultural Responsiveness

3-Tiered Continuum of Supports

Assessment and Strategic Resourcing

Transformative Leadership
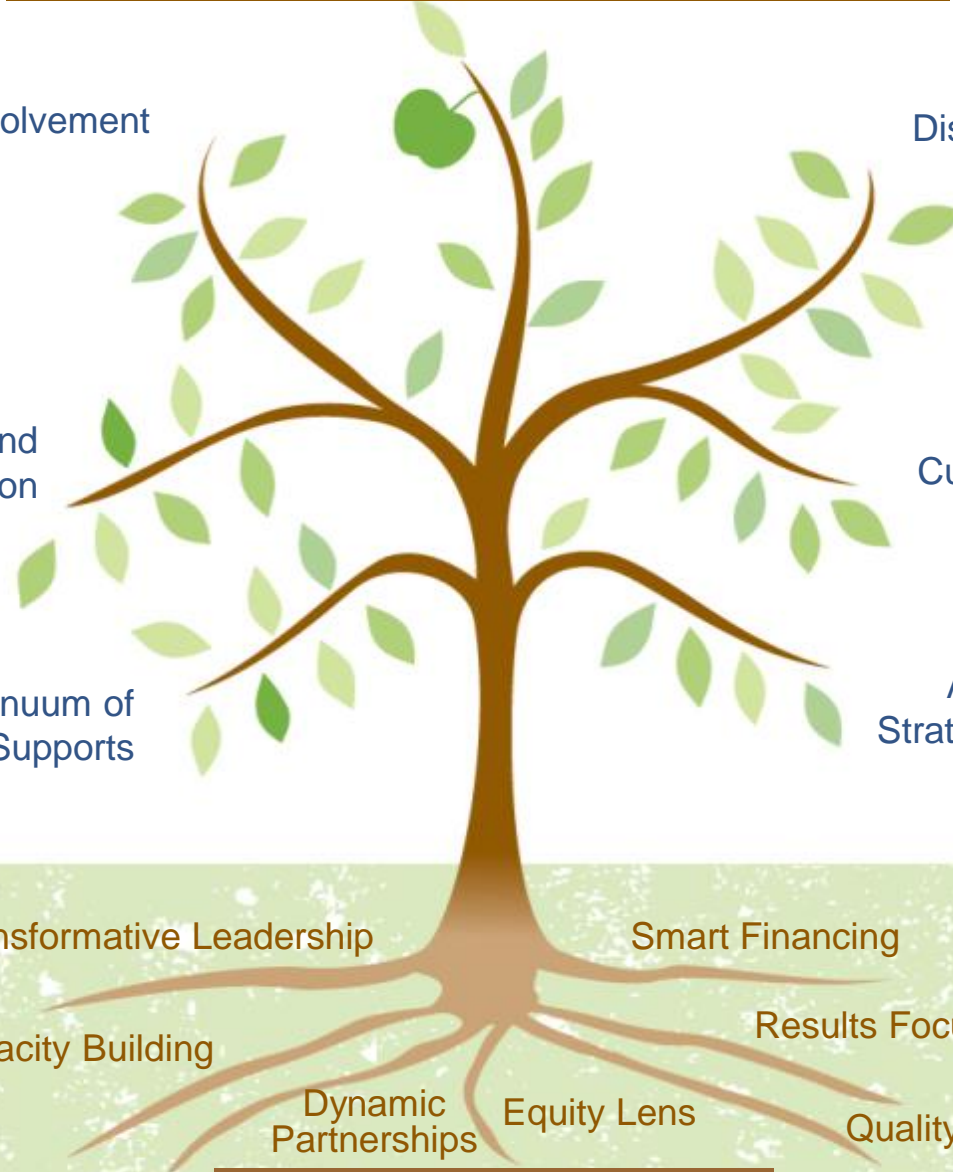
Smart Financing

Capacity Building

Results Focus

Dynamic Partnerships

Equity Lens

Quality Practice

Foundational Elements

Foundational Elements

Transformative Leadership
Thinking and acting beyond boundaries

Capacity Building
Strong organizations, strong people

Dynamic Partnerships
Deep collaboration creates deeper impact

Equity Lens
Every child gets what they need to thrive

Quality Practice
Doing and sharing what works
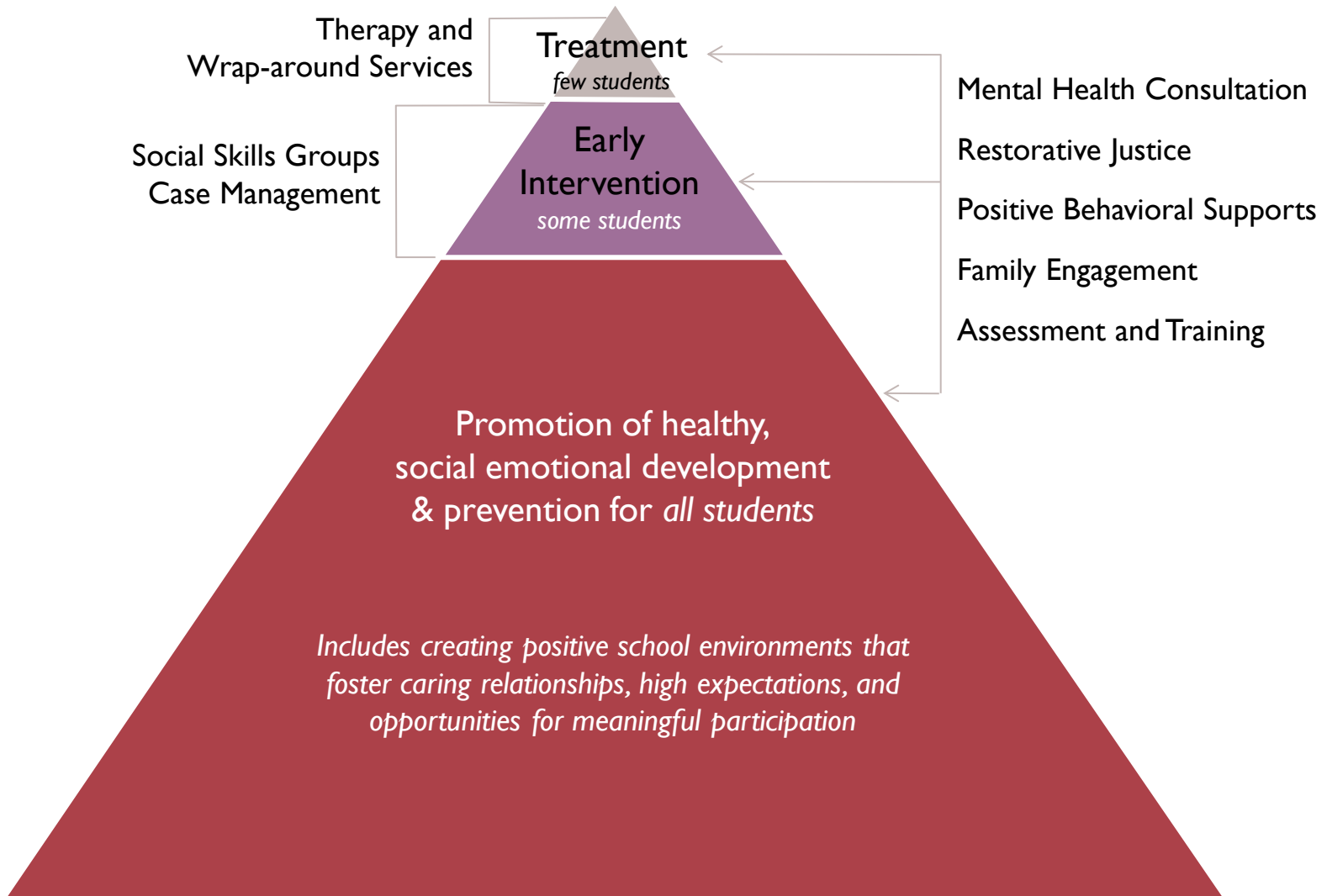
Smart Financing
Sustainability starts on day one

Results Focus
The destination defines the journey

Systems Practices
3-Tiered Continuum of Support

Therapy and Wrap-around Services

Social Skills Groups Case Management

Treatment
few students

Early Intervention
some students

Promotion of healthy, social emotional development & prevention for *all students*

Includes creating positive school environments that foster caring relationships, high expectations, and opportunities for meaningful participation

Mental Health Consultation

Restorative Justice

Positive Behavioral Supports

Family Engagement

Assessment and Training

27

Systems Practices
Infrastructure and Coordination

At the District

- Identified Lead

- Coordination of Partners

- Implementer of Policies and Procedures

- Troubleshoot/Support Site Issues

At the Sites

- Identified Lead

- Coordination of Services Team (COST)

- School Climate Initiative

Systems Practices
School Wide Involvement

- Teachers and staff
- Administration
- Parents

- Service Providers
- Youth
- Other key stakeholders

Systems Practices
District Coordination

- Provision of behavioral health systems strengthening and development

- Building capacity of teachers, staff, and administrators

- Expanding partnerships with county, city and/or community-based organizations to fill service gaps

- Supporting and/or implementing positive school climate initiatives

- Supervising and/or coordinating interns

- Assessment(s) of the district's behavioral health needs

- Integration with school district administrative team

Systems Practices
Cultural Competence

NASW Standards:

- ethics and values

- self-awareness

- cross-cultural knowledge

- cross-cultural skills

- service delivery

- empowerment and advocacy

- diverse workforce

- professional education

- language diversity

- cross-cultural leadership

Systems Practices
Assessment and Strategic Resourcing

1. ## Assessment

   - Assess presence/absence of system components
   - Collaborative process - strategy for engagement and developing relationships with key stakeholders/partners
   - Utilize both quantitative and qualitative data

2. ## Prioritize / plan

   - Strategic use of resources- creative funding streams and sustainability plan
   - Equity lens-supports should be culturally responsive and aligned with student and family priorities
   - Identify barriers to implementation- address proactively

Assessment and Strategic Resourcing, Cont.

3. Implement
   - Implementation timeline
   - Utilize key stakeholders to champion the work

4. Evaluate / Continuous Improvement
   - Develop common vision around what success looks like
   - RBA framework- looking at the 3 tiers as well as coordination and infrastructure

Our Needs Assessment Approach

Developing the Needs Assessment Approach

- Based on SBBH work and behavioral health assessment in Alameda school districts

- Incorporated lessons learned, e.g.:
  - Critical to build initial relationships
  - Need to be intentional about what you assess so the data collected will be used
  - Use multiple sources and do not aim for consensus – there will be different opinions and perspectives

- Part of CHSC online toolkit for school health initiatives – coming this summer!

Purposes of the Needs Assessment

1. Assess to the whole behavioral health system, based on our model

2. Assess both services and system to identify needs, assets, and gaps

3. Engage stakeholders in the process to build their interest and involvement in behavioral health services and systems

4. Establish a process for ongoing assessment and continuous improvement of the district behavioral health system

When to do a BH Needs Assessment

- Once there's an identified need for some type of behavioral health supports – can be part of a larger needs assessment or initiative

- When existing services are insufficient and there is potential to build a <u>system</u> of supports that better leverages and connects the resources

- When resources become available for behavioral health supports and the priorities are unclear

- When there is a vision or champion(s) in the district around a behavioral health system

Example from the Field: Berkeley

In Berkeley Unified School District Berkeley, social emotional skills and mental health are a top priority of their LCAP plan. District leaders have asked for an assessment of the behavioral health system in their K-8 schools in order to:

- Determine the extent and quality of existing social-emotional learning and school-based behavioral health services

- Identify schools that currently have the best practices in place to learn from them.

- Determine how to best allocate LCAP funds to strengthen social-emotional learning and behavioral health supports

Phases

1. Assessment Planning

2. Collect and Analyze Data

3. Share Out and Develop Recommendations

4. Create Report and Action Plan

Methods

- Secondary data

- Surveys

- Focus groups

- Interviews

- Mapping tools

- Community meetings

- Youth-led assessment

Guiding Questions

Guiding questions are used to frame the overall assessment and to ensure that the process looks at assets and gaps across the whole behavioral health system

- The team leading the assessment can determine specific areas of interest or emphasis

- The questions do not need be kept separate by core component or foundational element

- The questions are not meant to be asked as is - there are multiple ways to gather this information, e.g. surveys, focus groups, interviews, youth-led projects

Coordination and Infrastructure

Guiding Question

How are students referred for services? Is there a system in place to follow up on referrals?

How we Assessed in San Leandro

- Interviews with administrators – principals and superintendent

- Interviews with major providers

- Surveys with teachers and students

- Focus groups with families

Capacity Building

Guiding Question

Do staff have the tools they need to respond effectively to the BH needs of students and families? What is needed to support them?

How we Assessed in San Leandro:

- Teacher surveys and focus groups that looked at:
    - understanding of students' behavioral health needs
    - awareness of services on and off campus
    - tools and strategies for responding to various types of behavioral health needs of students
    - types of trainings and supports they would benefit from

Cultural Responsiveness

Guiding Question

What are the barriers for students of color and lower-income students to accessing behavioral health services?

How we Assessed in New Haven Unified:

- Focus groups with parents

- Interviews with school counselors

- Interviews or training with administration and staff about strategies for creating welcoming environment

3 Tiered Continuum of Supports

Guiding Question

What programs and initiatives are in place around school climate and prevention (tier 1) at school & district levels?

How we are assessing in Berkeley:

- Interviews with principals, teachers, counselors, coordinators

- Focus groups with students and families

- Surveys with coordinators to map services and programs

From Assessment to Implementation

Using needs assessment findings to strengthen the system, deepen engagement of stakeholders, and improve outcomes for children and families

Examples from the Field: San Leandro

2011 behavioral health needs assessment in SLUSD

Purpose

- Strengthen behavioral health supports and systems in the district
- Develop partnerships and relationships with key stakeholders

Process

1. Initial relationship building
2. Comprehensive assessment of the district's behavioral health system
3. Present findings and recommendations to everyone involved
4. Implementation Plan

SLUSD: Key Recommendations

12 recommendations, including:

1. Create an Office of Student and Family Wellness

2. Increase number of agencies on school sites

3. Establish MSW/MFT Internship Program

4. Increase awareness and understanding of resources

5. Create district-wide Behavioral Health Referral System

7. Develop bridging transitions peer mentoring program at 9th grade and middle school campuses

8. Develop plan for sustainability and growth

SLUSD: Implementation

Building a district-wide system of behavioral health supports

✓ Created Office of Student and Family Wellness

✓ Developed districtwide referral process Coordination of Services Teams (COST) and supported implementation of COST teams at sites

✓ Created centralized entry process for CBOs and standardized contracts for behavioral health services

✓ Provided capacity building for school staff and partners

- BH-focused trainings for principals, teachers, and staff
- Consultation, learning communities, and trainings with providers

✓ Informed district planning for health and wellness (ex. Health Center planning)

Examples from the Field: New Haven

2012 behavioral health needs assessment in New Haven

Methods

- Interviews with parents, teachers and staff, administration
- Focus groups with students and families
- Parent surveys

Key Findings:

- Need for additional services for Medi-Cal students particularly at middle schools
- Language barrier huge issue for Spanish speaking families- barrier to accessing education and services

NHUSD: Implementation

- Expanded of EPSDT contract to support students needing behavioral health services at 2 middle schools

- Conducted parent workshops monthly in English and Spanish on internet safety, bullying, connecting to resources, communication with teachers

- Coordinated parent workshops led by teachers and staff to foster familiarity and partnership

- Created new partnerships with CBO's for sustainable and to build community

Q & A Time

Thank You and Good Luck!

Contact
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