Alameda Unified School District
School Health Needs Assessment

Understanding the Health and Wellness Needs, Strengths, and Gaps, in Alameda Unified School District

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Alameda Unified School District
School Health Needs Assessment Executive Summary

Overview

In the fall of 2017, district staff developed a team tasked with conducting a comprehensive assessment of the district's health and wellness needs, systems, and supports. The purpose of the assessment was to: get an overview of AUSD's health and wellness supports; identify student behavioral and mental health needs; inventory existing school and community-based services, including gaps in services; and develop recommendations to create a more coordinated and integrated behavioral health service system that is more accessible to all students. The team met multiple times over the course of six months to provide input on data collection, to conduct interviews, and to facilitate student, staff, and parent/guardian focus groups. The district also conducted an online survey which was available to students, staff, and families. Data were analyzed to identify areas of needs and develop research-based recommendations to improve health and wellness services and supports across all schools within the district.

To examine the health and wellness systems and supports, the needs assessment used guiding questions drawn from the core components of the Center for Healthy Schools and Communities (CHSC) and the School-Based Behavioral Health (SBBH) Model. The CHSC-SBBH model looks at 6 key areas: Three Tiers of Support, Coordination of Practices, School-Wide Responsibility, District Capacity, and Cultural Responsiveness. The assessment also included looking at School-Based Health Centers. Additional guiding questions were developed for the student, staff, and family focus groups and staff interviews to assess access to health care services and coordination/integration between the School-Based Health Center and each high school.

Primary data collection for the needs assessment was conducted with students, parents, school staff, and other key stakeholder groups representing AUSD and partnering agencies. Focus groups were conducted by including students at elementary, middle, and high schools. Additionally, surveys were administered to students, staff, and families across the district. In total 1220 students, 343 staff, and 643 family online surveys were completed. Lastly, interviews were conducted with providers, clinicians, staff, and site/district administrators.

To provide contextual information, data from the 2016-2017 California Healthy Kids Survey (CHKS) for grades 5, 7, 9, and 11 were also analyzed, along with district's discipline and suspension data. The CHKS was also administered to students at the Non-Traditional (N/T) High School. The purpose of the CHKS is to provide data that assists schools in: 1) fostering safe and supportive school climates, social emotional competencies, and engagement in learning; 2) preventing youth health-risk behaviors and other barriers to academic achievement; and 3) promoting positive youth development, resilience, and well-being.

The following is a summary of district's strengths and key findings, followed by key research-based recommendations and next steps. The purpose of this document is for the district, key partners, and stakeholders to use it as a tool to help shape and implement improvements to the health and wellness system of services and supports that already exist or that should exist to ensure that all students have access to the supports they need to learn and thrive.

Key District Strengths:

1. Staff are dedicated, committed, and working very hard to meet the growing complex needs of their students academically, behaviorally, and social emotionally.
2. There is a momentum across the district to implement research-based practices systematically and efficiently and to provide the training and support that is needed to serve all students.
3. There are intentional efforts being made to implement and/or strengthen Multi-Tiered System of Supports (MTSS), Positive Behavior Intervention and Support (PBIS), and Coordinated Services Team (COST).
4. There are pockets of excellence and exemplars across the district related to this work and those should be identified, recognized, and built upon.
5. There is recognition by the district that current partnerships need to be strengthened and expanded and new partnerships need to be formed in order to meet the ever-growing needs of all students.
6. There are invaluable mental health services and supports currently being provided by outside partnerships, such as Alameda Family Services and Girls, Inc.
7. Many schools across the district are implementing prevention strategies (such as Restorative Practices, Mindfulness strategies, and Tool Box tools) as they seek to meet the behavioral and mental health needs of their students.
8. The district's investment in Intervention Leads (IL) is providing critical support to staff and students (at sites where ILs exist).
9. Many students reported that they feel they have a caring adult on their school campus that they trust.
10. The district has School-Based Health Centers which are accessed by students, and for some it is the only way they will get services to address their medical and social emotional needs.

1. Three Tiers of Support (Tier 1, Tier 2, and Tier 3)

The Three Tiers of Support incorporate the framework of School-Wide (Tier 1), early intervention (Tier 2), and intensive intervention (Tier 3). Tier 1 needs are best addressed through prevention programs that focus on positive social emotional development, increased resiliency, and decreased risk factors. Tier 1 is focused on ALL students. Tier 2 student needs are more serious and need more individual attention through targeted early interventions. Tier 2 focuses on SOME students. Tier 3 student needs, exhibited by only a small fraction of students, require intensive interventions. Tier 3 focuses on FEW students.

Key Findings

- Students, parents, staff, and key stakeholders overwhelmingly reported that additional staff (counselors, therapists, psychologists, etc.) and behavioral health services, including individual, group, peer, and family counseling, are needed to address students' ever increasing behavioral health needs.
- There is a critical need to increase partnerships with mental health providers and agencies that can support the district's efforts to implement a comprehensive behavioral health integrated system of support.
- While all schools and students are able to identify specific initiatives and programs that fit into each of the tiers, there is little agreement regarding which ones all schools should be part of and which ones can be customized to meet an individual school's need.
- A large group of parents do not agree that consequences for not following School-Wide expectations are enforced fairly.
- More than 40% of staff feel the school encourages teachers to have common procedures, hold class meetings to set goals and norms, plan activities, and identify and solve problems; 60% feel it does not.
- Almost half the staff indicated confusion regarding what behaviors are handled by the teacher and what should be office managed.
- Parents, students, and staff believe more work needs to be done to build a strong sense of school community.
- Students, staff, and parents all reported that the biggest behavioral health problems for students in their schools are depression or feeling sad, anxiety, teasing, and problems at home that affect the student at school.
- Student groups overwhelmingly reported problems dealing with stress, anxiety, feeling sad or feeling hopeless, and having suicidal thoughts.
- Students reported problems with drug use and abuse, especially cannabis, alcohol, and vaping.

Key Recommendations

- Form a Steering Committee, led by district staff, to strategically chart the path forward, including a timeline and a budget for implementing a comprehensive behavioral health system of support that addresses the recommendations identified in this report. This committee will serve as the oversight committee to ensure the work is proceeding according to the established timeline.
- Develop a Financial Sustainability Plan to address mental and behavioral health across all schools, including seeking outside partnerships, grants, reallocating district and site discretionary funds to support this work, and seeking new funding sources.
- Target funding for services identified in the needs assessment such as individual and group counseling for internalizing behaviors such as depression, anxiety, stress, healthy relationships, etc. as a priority.
- Refine a comprehensive Multi-Tiered System of Support that is integrated and coordinated across the 3 tiers, including stronger Tier 1 training for all teachers to

deliver social emotional curriculum and to recognize various emotional issues that students may be facing.
- Identify common data that will be collected for each tier and made available to staff for use in determining student services and interventions as well as their effectiveness.
- Refine and/or establish **clear guidelines** and **expectations** for program implementation, services, and supports at district, site, and classroom levels.
- Redefine or clarify roles of existing staff and analyze current staff capacity. Explore different options for restructuring their work based on site/student needs.

2. Coordinated Practices

Key Findings

- Clarification of roles and responsibilities for all mental health related staff (e.g. Behavior Specialist, Psychologist, Interns, Intervention Leads, COST coordinators) is needed.
- Systems of behavioral health support vary by site.
- Clarification of the referral process is needed.
- Clarification of the COST process is needed along with expectations for implementation at all sites.
- The resources to meet the needs of students are woefully inadequate and at a crisis level.
- Improved coordination with outside agencies is needed so it is not fragmented and is more efficient.
- Consistent curriculum and programs are needed across the district and within schools to address the social emotional needs of students.
- Improved collaboration and coordination among partners is needed to share best practices and to include non-clinical partners, such as teachers.

Key Recommendations

- Clarify the roles and responsibilities of all mental health related staff (e.g. Behavior Specialist, Psychologist, Psych. Interns, Intervention Leads, COST coordinators) to ensure efficient, streamlined services and support and to ensure there is no duplication of efforts.
- Create or refine a standard district-wide referral and coordination system for behavioral health services. This should include: agreed upon forms to be used at all schools, by all staff; data tracking and accountability procedures.
- Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
- Utilize data to ensure COST services are equitable and aligned with school climate strategies.
- Clarify roles and responsibilities for all providers addressing the mental health needs of students, including outside providers (an MOU may be needed).
- Improve coordination and collaboration among partners across the district and establish a protocol for sharing best practices and successes.

- Continue monthly peer learning and training opportunities for mental health providers and COST teams across the district to share best practices around service delivery and coordination, including building community support.

3. School-Wide Responsibility

Key Findings

- Data indicated that staff are likely to refer students to afterschool programs but not to outside counseling or to the health centers.
- Training is needed for all staff, including administrative staff, parents, and key partners, related to thoughtfully identifying and referring students for behavioral/mental health issues, de-escalating issues in the classroom, and knowing how to communicate with parents about the need for their student to receive services. Improved, targeted communication with parents, including in languages other than English, is needed.
- Internal communications need improvement to better coordinate services.
- The role of outside providers needs clarification to ensure alignment with district efforts and staff roles to eliminate duplication of efforts and streamline access to services.
- More training is needed for all staff as it relates to addressing and managing the needs of students with specific disorders (those with ADHD, depression, autism, etc.).
- Families are facing significant issues and are hesitant to seek help/support through the school due to a variety of barriers (e.g. privacy concerns; stigma; lack of money or time to address the issues; don't know what services are available).
- Greater staff awareness relating to the struggles students and families are dealing with; increasing empathy and problem solving approach are needed.
- Building staff/adult capacity to support students' behavioral health needs continues to be a need (recognizing the signs, trauma-informed practices, equity, inclusion, etc.).
- Staff indicated the need for parent education about behavioral health issues, available services, parenting strategies, and ways to promote parent involvement in the school community.

Key Recommendations

- Provide professional development and build capacity of staff to engage families around students' health and wellness issues and support the social emotional learning needs of students.
- Provide training for all staff, including administrative staff, parents, and key partners, related to thoughtfully identifying and referring students for behavioral/mental health issues, de-escalating issues in the classroom, and knowing how to communicate with parents about the need for their student to receive services.
- Implement agreed upon strategies to improve and increase communication within the school (COST team and staff, PBIS team and staff, providers and staff, and between the school and families).
- Develop a multi-pronged family engagement strategy to build community and improve access to resources for students and families.

- Clearly define the roles of outside support providers to ensure strategic support, streamline how to get support, ensure alignment with district efforts and need, and eliminate duplication of efforts.

4. District Capacity

Key Findings

- MTSS, PBIS, COST, the referral process for crisis support, provider roles, threat assessments, and risk assessments continue to need further development, which is a district leadership responsibility.
- More training for Tier 1 strategies and clarity of expectations of all staff to implement the Tier 1 strategies are needed.
- More training for Tier 2 strategies and clarity of expectations of all staff to implement the Tier 2 strategies are needed.
- More training for Tier 3 strategies and clarity of expectations of all staff to implement the Tier 3 strategies are needed.
- Some sites feel that PBIS and MTSS are strong, and others do not feel that way.
- Coordination and implementation of PBIS at this point are inconsistent across school sites with some saying it is "poor, especially at the larger schools."
- Frustration was expressed with not having a unified vision and clarity of expectations for behavioral health across the district to help create a more cohesive and equitable system of support.
- The exact role of district staff and specialists is not clear across all sites.
- Clear expectations are needed for outside providers.
- District-wide protocols for behavioral health crises do not exist.

Key Recommendations

- Develop a Financial Sustainability Plan to build and strengthen health and wellness services and supports.
- Establish/refine and communicate a clear vision for mental health and behavioral health for the district.
- Identify clear expectations for roles and responsibilities of key district staff and site leads/lead teams in rolling out and supporting the key mental health initiatives at the site level.
- Continue to focus on district-wide training and implementation of MTSS, PBIS, COST, and Social emotional Learning.
- Prioritize the areas that have been identified as having made progress but still needing further development: MTSS, PBIS, COST, referral process for crisis support, completing threat and risk assessments, and creating a plan to align implementation across the schools.
- Provide more site level training related to Tier 1 strategies and clarify expectations for implementation (what is flexible and what is not) of these strategies across schools and all classrooms.

- Identify clear expectations regarding what sites are expected to implement: what is flexible/what is not flexible as it relates to Tier 2 and 3.
- Establish clear guidelines and expectations for district staff around service delivery (e.g. communication and confidentiality protocols, caseload expectations, COST participation, etc.).
- Establish a district-wide protocol for behavioral health crises.
- Develop an implementation tool for determining use of agreed upon strategies, their effectiveness, and challenges that staff are facing with implementation.

5. Cultural Responsiveness

Key Findings

- More discussion among staff regarding cultural sensitivity and inclusion is needed.
- Building cultural competence across all schools and all classrooms is needed.
- Some classes feel welcoming to students and families, and others do not.
- There is a disparity regarding suspension rates in many schools, especially as it relates to African American students (low percent of enrollment, higher percent of students suspended) and special needs students.
- For many it feels that teachers/adults don't really understand what students are going through, and thus supports feel inadequate.
- For some it feels that teachers and adults don't understand certain cultural/ethnic backgrounds, including those with lower socio-economic backgrounds.
- Some teachers are more compassionate and caring; others are less so.
- Some students/schools report there is not an issue with racism, and others report there are issues with racism on their campus.
- Some students feel that there are a lot of assumptions made about their culture which are not accurate.
- Students, staff, and families feel that there is a need for a more diverse staff.
- The curriculum needs to be more culturally responsive.

Key Recommendations

- Develop a multi-pronged approach to building stronger connections with all families, especially our families of color who often feel marginalized.
- Provide information to families in multiple languages.
- Identify training and action steps that will address the suspension rate disparity for African American students and students with disabilities in many of our schools.
- Provide training and clarify implementation expectations for staff/adults related to restorative practices.
- Work to ensure that every classroom is welcoming to every student, and this includes focusing on creating a sense of belonging and community at classroom and School-Wide levels as part of Tier 1.
- Be clear about access to translation services for families (what gets translated, how do you access translation services, how are translation services funded).

- Continue to seek feedback from families regarding their experience at the school and district levels.

Access to School-Based Health Center

Key Finding

- The goal to maximize use of the health center by students has not yet been met.
- Communication, coordination, and integration between the SBHC and the high schools are in need of improvement.
- Referrals to the health centers are one of the referrals made least often.
- Many students are aware of the health center; however, many indicated they did not know about it.
- Many staff indicated that they did not know about the health center.
- Those who know about the health center were able to name some of the services that are provided there.
- The students and parents listed many barriers to accessing the health center: trust, embarrassment, lack of connection to staff, not knowing where it is, not knowing the full scope of services, etc.

Key Recommendations

- Develop a School-Based Health Center awareness campaign to inform students, staff, and families regarding the full scope of services and supports available through the SBHC.
- Address all the barriers that students identified in this assessment that keep them from seeking services at the SBHC (trust, embarrassment, understanding all services that are provided).
- Provide staff training regarding concerns and issues identified by families that represent barriers to accessing services.

Other

Key Findings

- Many students and families in the focus groups and in comments as part of the online survey expressed concerns about the lack of healthy food options for both lunch and snack time.
- There was a consistent voice among parents completing the online survey that there are issues on the elementary playgrounds that need to be addressed, including the need for increased and improved yard supervision.
- There were numerous comments among parents on the online survey and some students in the focus groups that expressed concerns about cell phones being a distraction and/or an addiction.
    - This includes inconsistent phone policies from school to school and class to class.

Key Recommendations

- Investigate healthy, cost neutral lunch and snack alternatives.

- Meet with site administrators to determine if there are more effective, efficient ways to utilize the current staff working as yard supervisors at the elementary level (active supervision, shifting coverage areas, shifting staff inside the cafeteria at lunch to yard if possible, etc).
- Research current cell phone use policy and determine if changes can/should be made so it is more consistent across the secondary schools, including from class to class.
    - Investigate what other secondary schools or districts do as it relates to cell phone use at school.
    - Adapt policy if needed.

Next Steps

- Form a steering committee to develop a multi-year action plan that is based on the assessment recommendations. This will help streamline implementation and create a structure for accountability and ownership. The plan should include:
    - overall implementation timeline
    - clear, measurable goals
    - objectives and action steps that can be completed within the designated timeline
    - point people responsible for implementing each action step or ensuring that each action steps are completed within the designated timeframe
- Develop a communication plan for widespread dissemination of findings and recommendations from the assessment. This includes school sites/staff, district staff, families, outside providers, community organizations, and students as appropriate.
- Develop a Financial Sustainability Plan to ensure successful implementation of recommendations.
- Develop a clear process and site expectations for COST, referrals, crisis intervention.
- Develop/revise roles and responsibilities of all personnel providing mental health services.
- Begin building or strengthen relationships with outside mental health partners (current and new).

Introduction

Alameda Unified School District has a long history of working hard to meet the academic, behavioral, and social and emotional needs of all students. The Everyone Belongs Here initiative, the Positive Behavioral Intervention and Supports efforts, development of the secondary School-Based Health Centers, and the recent implementation of Multi-Tiered System of Supports are but a few examples of work being done across the district. Additionally, the district has responded in a methodical and systematic way to the ever changing mandates at the state and federal levels, including but not limited to new state standards, new assessments, changing discipline practices, and providing focused attention to the behavioral and social emotional needs of our students.

AUSD also recognizes that we cannot, nor should we, do this work in isolation. We value our strong relationships with outside providers and with our families and our community. We appreciate the partnerships that we do have and welcome new partnerships yet to be formed.

For this specific needs assessment, we would like to thank the following individuals who gave of their time to help us: Catherine Rodecker, Jodi McCarthy, Joanne Murphy, Omar Westbrooks, Claudia Medina, Kale Jenks from Alameda Family Services, Christine Chilcott from Girls Inc., and Jennifer Williams (Board member).

We recognize that there is always more work to be done and areas for improvement upon which to focus, often with decreasing funds and resources. Our intent is that by conducting this needs assessment, and discussing the findings and recommendations, AUSD will chart a path forward to implement improved strategies that ensure all students have access to the behavioral and mental health services and supports they need to have a safe, caring, and supportive place in which to learn. The path forward shall be in the form of an action plan, with strategies for strengthening both service and systems, deadlines and deliverables, persons responsible, resources needed, and a structure for overseeing and supporting the implementation of the plan.

Methodologies

Guiding Questions

The CHSC's School-Based Behavioral Health (SBBH) model defines a "school-based behavioral health system" as the infrastructure, programs, and relationships within a school and district that promote the healthy development of all students and address barriers to learning. Questions that were asked were based upon models of effective needs assessments and on specific information that AUSD wanted to investigate as part of this assessment. Questions were developed or adapted as needed to match the group (i.e. students, staff, specialists, families, and outside providers). Questions were also developed or adapted based upon the data collection strategy that was being used. For example: questions for the online survey were slightly different than questions for the student focus groups.

Sample guiding questions included:

SERVICE NEEDS, PROVISION OF CARE

- What do you think are the greatest behavioral health needs of AUSD students?
- What kinds of behavioral health services are available for students on campus?
- How do these services meet the student behavioral health needs and how do they fall short?
- What are the biggest problems facing students in your school?
- What are the biggest emotional or behavioral health problems for students in your school?
- If your school were to offer more programs to help students, what do you think would be helpful?

COORDINATION

- How are AUSD services integrated and coordinated within the school community?
- How well is this done and how can it be improved?

PARTNERSHIPS

- Who are the key district or school site partners supporting the provision of behavioral health?

BARRIERS & GAPS

- Which behavioral health issues do the AUSD community provide the most support with? Which issues warrant more support from staff?
- What are the primary strengths of your school's behavioral health programs and services? What needs improvement?

SCHOOL CLIMATE

- How welcoming is the school as a place to learn?

CULTURAL AWARENESS

- How does the school ensure that behavioral health supports and services are culturally responsive and aligned with student and family priorities?
- What could be done to better ensure that behavioral health supports and services are culturally responsive and aligned with student and family priorities?

SCHOOL BASED HEALTH CENTER

- What health services do you know about at your school?
- What keeps you from using the health center when you might need it?
- When someone needs counseling, why would they or why wouldn't they get counseling at the health center?

Data Collection Strategies

Our intent was to obtain a broad spectrum of perspectives, thus a variety of data collection methods were used. These included:

- Data available to the district through such sources as *2016-2017 California Healthy Kids Survey* administered across all schools at grades 5, 7, 9, and 11
- Suspension data available through the district's data collection efforts
- Student Focus Groups and online surveys
- Family Focus Groups and online surveys
- School staff online surveys
- District staff interviews and online survey
- Provider focus groups and online surveys
- Key stakeholder interviews

FINDINGS: BEHAVIORAL HEALTH

1. Three Tiers of Support (Tier 1, Tier 2, and Tier 3)

What are the behavioral health systems and services that exist in each of the three tiers of support?

The Three Tiers of Support incorporate the framework of positive climate and School-Wide efforts (Tier 1), early intervention (Tier 2), and intensive intervention (Tier 3). Tier 1 needs are best addressed through *prevention* programs that focus on positive social emotional development, increased resiliency, and decreased risk factors. Tier 1 is focused on ALL students. Tier 2 needs are more serious and need more individual attention through targeted early interventions. Tier 2 focuses on SOME students. Tier 3 needs, exhibited by only a small fraction of students, require intensive interventions. Ideally, Tier 3 focuses on a FEW students. Within this framework, the needs assessment sought to understand which systems and services exist, what is effective/ineffective, perceptions of school climate, unmet behavioral health needs, and barriers to accessing behavioral and mental health services.

While inconsistent across schools, the sites identified the following Tiers of Support:

Tier 3: Intensive Interventions	
• Referral to outside agencies, including those with insurance and those with Medicaid • ERMHS Referral for special education students • School psychologists	• 504 plans • IEP Behavior Goals • Social Skills group • Behavior Plans/contracts • Data driven decision-making
Tier 2: Early Intervention	
• Referral for on-site counseling • Referral for off-site family counseling • Referral to COST • Support group (elementary Lunch Bunch) • 504/IEP • Special staff focused on student support • Alameda Family Services (AFS) • Behavior Specialists • School Psychologist Interns	• School Psychologists • After school programs, clubs, activities • Administrative support • Check in/Check out • Contact with family • Intervention Leads • Behavior plans • Data driven decision-making
Tier 1: Positive School Environment	
• Parent education, groups, activities • School assemblies • Programs such as Mindfulness, Second Step, Tool Box, Restorative Justice • Presentations (bullying, suicide prevention) • Posters throughout the school	• On-site counseling services • School-Wide Positive Behavior Intervention System (PBIS) • Parent conferences • Newsletters • Classroom management tools • Data driven decision-making

While all schools and students are able to identify specific initiatives and programs that fit into each of the tiers, there is little agreement regarding which one all schools should have and which ones are optional or can be customized to meet an individual school's need. Adoption of programs, servicing options, and allocation of funding are inconsistent across schools. Additionally, the schools are at varying places in terms of implementation of key initiatives (MTSS, PBIS, COST) including across classrooms within a school.

Tier 1: Creating a Positive School Environment

Tier 1 services focus on School-Wide prevention and the promotion of positive social emotional development, increased resiliency, and decreased risk factors for ALL students. They include programs that promote a healthy and positive school environment, high expectations, and opportunities for participation. The goal of behavioral health services is to promote a positive environment. Students, staff, and families shared their perceptions of school climate in AUSD.

GRADE LEVEL RESPONSES

According to the 2016-2017 *California Healthy Kids Survey (CHKS)*, the highest percent of students who feel connected to their school are the 5th graders (62%). This drops to half or less for students in grade 9 and 11. When asked if they had a caring adult at their school that they could go to if needed, 51% of students enrolled in the non-traditional high school said they did. This drops to percentages that give cause for concerns: 34%, 24%, 32% for students in grades 7, 9, and 11 respectively. Across the board, students do not feel that they have meaningful participation in their school (7% - 17%).

Note: When looking at the *2016-2017 California Healthy Kids Survey* results, it should be noted that Non-Traditional (N/T) includes the continuation high school and alternative school types. N/A means the questions were not asked or there were fewer than 10 respondents.

When looking at School Engagement and Supports on the 2016-2017 CHKS, the chart below shows the **percent** of students in grades 5, 7, 9, and 11 across all schools as well as students at the non-traditional (N/T) continuation high school and how they responded to survey questions.

SCHOOL ENGAGEMENT & SUPPORTS	GRADE 5	GRADE 7	GRADE 9	GRADE 11	N/T
Students who feel connected to their school	62	60	50	48	51
Students who see themselves as academically motivated	44	42	36	24	25
Students who have been truant more than a few times in the past 12 months. (Note: truant means a student missed more than 30 minutes of instruction without an excuse)	N/A	1	4	10	35
Students who feel they have a caring adult relationship in school	55	34	24	32	56

Students who feel adults have high expectations for students	57	59	37	38	60
Students who feel they have meaningful participation in school	14	17	10	10	7

When looking at School Safety and Substance Abuse on the 2016-2017 CHKS, the chart below shows the **percent** of students in grades 5, 7, 9, and 11 across all schools as well as the **percent** of students at the non-traditional (N/T) high school and how they responded to survey questions.

SCHOOL SAFETY AND SUBSTANCE ABUSE	5th	7th	9th	11th	N/T
Students who perceive their school as safe or very safe	86	74	67	69	75
Students who have experienced any harassment or bullying	N/A	37	30	28	28
Students who had mean rumors or lies spread about them	47%	36	30	33	26
Students who are afraid of being beaten up	N/A	16	11	7	6
Students who have been in a physical fight	N/A	11	7	6	11
Students who have seen a weapon on campus	14	17	10	14	11
Students who have been drunk or high on drugs at school ever	N/A	1	4	18	41

GENDER RESPONSES

When looking School Environment on the 2016-2017 CHKS, the chart below shows the **percent** of male and female 5th grade students and how they responded to survey questions.

SCHOOL ENVIRONMENT	Grade 5: Female	Grade 5: Male
Students who feel the total school provides support	60	42
Students who feel there are caring adults at the school	60	50
Students who feel the adults in the school have high expectations for students	61	52
Students who feel they have meaningful participations at school	16	12
Students who feel connected to their school	66	57
Students who feel they are academically motivated	51	37
Students who have been hit or pushed at school	27	52
Students who have had one or two sips of alcohol ever	15	27

RACE/ETHNICITY

The 2016-2017 CHKS provides the students' responses disaggregated by race/ethnicity. The charts below show the **percent** of students within each racial/ethnic group and how they responded to the survey questions.

The racial/ethnic groups represented are: Hispanic/Latino (H/L); Asian; Black or African American (AA); Native Hawaiian or Pacific Islander (NH/PI); White; Mixed (two or more races). The following four charts show the **percent** of student responses to survey questions based on race/ethnicity for grades 7, 9, 11, and for non-traditional (N/T) schools.

GRADE 7

School Environment	H/L	Asian	AA	NH/PI	White	Mixed
Students who feel the total school provides supports	28	35	38	19	43	33
Students who feel there are caring adults in school	30	29	37	22	47	32
Students who feel adults in the school have high expectations for students	51	57	55	39	67	57
Students who feel they have meaningful participation in school	15	16	21	10	16	17
Students who feel connected to their school	65	61	55	48	66	56
Students who feel their parents are involved in the school	49	47	43	57	46	43
Students who are academically motivated	31	44	47	23	50	35

GRADE 9

School Environment	H/L	Asian	AA	NH/PI	White	Mixed
Students who feel the total school provides supports	20	19	28	31	21	24
Students who feel there are caring adults in school	20	21	26	25	25	26
Students who feel adults in the school have high expectations for students	33	33	35	38	38	42
Students who feel they have meaningful participation in school	7	9	16	13	9	9
Students who feel connected to their school	42	52	44	50	58	44
Students who feel their parents are involved in the school	27	30	30	25	24	22
Students who are academically motivated	38	38	23	25	39	34

GRADE 11

School Environment	H/L	Asian	AA	NH/PI	White	Mixed
Students who feel the total school provides supports	29	26	38	26	31	28
Students who feel there are caring adults in school	33	28	46	19	40	31
Students who feel adults in the school have high expectations for students	39	35	46	44	40	39

Students who feel they have meaningful participation in school	9	10	16	7	9	11
Students who feel connected to their school	47	51	47	41	52	46
Students who feel their parents are involved in the school	28	31	34	30	22	23
Students who are academically motivated	24	30	18	30	17	21

NON-TRADITIONAL HIGH SCHOOL

School Environment	H/L	Asian*	AA*	NH/PI*	White	Mixed
Students who feel the total school provides supports	39				50	41
Students who feel there are caring adults in school	58				57	59
Students who feel adults in the school have high expectations for students	65				64	68
Students who feel they have meaningful participation in school	3				7	9
Students who feel connected to their school	61				36	60
Students who feel their parents are involved in the school	39				14	40
Students who are academically motivated	32				21	29

*Blank indicates fewer than 10 students responded.

In summary, based upon the charts above:

- By every measure, 5th grade boys feel less connected and less likely to have a caring adult at school than do 5th grade girls.
- When looking at race/ethnicity, 7th graders of all races/ethnicities in every category (except meaningful participation and parental involvement) felt less connected, less likely to have a caring adult, and less likely to have adults have high expectations for them when compared to their white peers.
- For 9th graders, the results are very mixed: African American students felt there were more total supports than other racial groups. They also felt there were more caring adults. White students felt a stronger school connectedness than did their African American and Latino peers. All racial groups in grade 9 rated meaningful participations very low. In general, students in grade 9 rated school environment lower than other grades.
- For 11th graders, African American students rated highest in the areas of total school support, caring adults in the school, and high expectations from adults in the school. White students felt the most school connectedness and the least amount of parental involvement. In general, the lowest rating was for meaningful participation in school.
- For students at the non-traditional high school, white students felt more total school supports than other racial groups. More than 60% of all racial groups felt that adults had high expectations for them, and with the exception of white students, Hispanic/Latino

students felt a stronger sense of school connectedness.

Perceived Safety at School by Race/Ethnicity

The 2016-2017 CHKS provides the students' responses disaggregated by race/ethnicity. The chart below shows the **percent** of students within each racial/ethnic group and how they responded to the survey questions related to perceived safety at school. Grades 7, 9, 11, and N/T are listed below.

Percent of students who feel safe or very safe at school	H/L	Asian*	AA*	NH/PI*	White	Mixed
Grade 7	75	78	87	70	77	68
Grade 9	62	65	62	56	75	66
Grade 11	65	74	66	52	76	66
Non-Traditional high school	77				71	82

*Blank indicates there were fewer than 10 respondents.

In summary:

- In grade 7, Mixed Race and Native Hawaiian/Pacific Islander students feel less safe than their peers.
- In grade 9, Hispanic/Latino, Asian, African American, and Native Hawaiian/Pacific Islander, and Mixed Race students feel less safe than their white peers.
- In grade 11, NH/PI and Hispanic/Latino students feel less safe than their other peers.
- Creating a safe space for all races is critical work to be done in the district.

Harassment or Bullying by Race/Ethnicity

The 2016-2017 CHKS provides the students' responses disaggregated by race/ethnicity. The chart below shows the **percent** of students within each racial/ethnic group and how they responded to the survey questions related to harassment or bullying based upon bias-related reasons including race, ethnicity, or national origin: religion, gender (male/female), sexual orientation, and a physical or mental disability. Grades 7, 9, 11, and N/T are listed below.

Percent of students who experienced harassment or bullying due to five bias-related reasons	H/L	Asian*	AA*	NH/PI*	White	Mixed
Grade 7	21	25	31	32	22	28
Grade 9	28	21	25	38	21	28
Grade 11	26	16	26	22	22	34
Non-Traditional high school	20				36	12

*Blank indicates there were fewer than 10 respondents.

In summary:

- The highest percent of students who experience harassment or bullying in grade 7 are Native Hawaiian/Pacific Islander and African American students.
- The highest percent of students who experience harassment or bullying in grade 9 are Native Hawaiian/Pacific Islander, Hispanic/Latino, and Mixed Race students.
- The highest percent of students who experience harassment or bullying in grade 11 are Mixed Race, Hispanic/Latino, and African American students.
- The highest percent of students who experience harassment or bullying in our Non-Traditional school are white students.
- All schools must work to ensure that all students feel safe and are free from harassment or bullying.

PERCEPTIONS OF LGBT-RELATED SCHOOL SAFETY

The 2016-2017 CHKS provides student responses regarding perceptions related to LGBT students. The charts below show the **percent** of students by grade level and how they responded to the survey questions. Grades 7, 9, 11, and N/T are listed below.

	Grade 7	Grade 9	Grade 11	N/T
Students who strongly disagree/disagree that their school is safe for guys who are not as "masculine" as other guys	21	22	22	17
Students who strongly disagree/disagree that their school is safe for girls who are not as "feminine" as other girls	16	16	16	16
Students who strongly disagree/disagree that their school is safe for students who are lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ)	24	14	17	16
Students who strongly disagree/disagree that their school is safe for students with LGBTQ parents	18	13	13	12
Students who strongly disagree/disagree that their school is safe for teachers and staff who are LGBTQ	19	12	11	13
OFFENSIVE LGBT-Related Language				
Students who indicated that they often/sometimes hear anti-LGBTQ slurs at school	47	56	56	57
Students who indicated that they often/sometimes hear negative comments and slurs at school about someone's sex or gender	35	43	43	42

Students who indicated that they often/sometimes hear other students make negative comments or use slurs based on:				
Sex (male/female)	25	32	35	27
Sexual Orientation	35	40	37	26
Gender Identity or Expression	21	31	32	21
Having LGBTQ parents/family members	9	12	10	9
Having LGBTQ friends	11	15	14	13

In summary:

- LGBTQ slurs are heard by more than 50% of the students in grades 9, 11, and at the N/T high schools and by 47% of 7th graders.
- 35% - 43% of students reported hearing slurs related to someone's sex or gender.
- There are more slurs heard on our campuses regarding sexual orientation and gender (ranging from 25% to as high as 40%).
- 11% - 19% of students feel that their schools are not safe for teachers and staff who are LGBTQ.
- 14% - 24% of students feel that their schools are not safe for students who are LGBTQ.

Student Perspective from the Online Survey:

There were approximately 1224 students who completed the district's online survey. The charts below show the **total number** of students across all grades and schools who responded and how they responded to the survey questions. Students had the opportunity to respond by selecting Strongly Agree, Agree, Strongly Disagree, Disagree, or Neither Disagree nor Agree.

When asked if they agreed with the following statements, students responded:

	Strongly Agree or Agree	**Strongly Disagree or Disagree**	**Neither Agree or Disagree**
Teachers show respect and care about me	846	87	262
Teachers show respect and care about all their students	718	156	318
Support for students that are having a hard time is offered fairly and equally for all students	680	168	345
Consequences for not following School-Wide expectations are enforced fairly	571	294	326
Students understand School-Wide behavioral expectations and what the	649	226	319

positive and negative consequences are			
I have an adult on campus I can go to and trust if I need extra support	672	222	298

In summary, students:

- Felt that teachers showed them respect and cared about them and all their students. However, many students disagreed or neither agreed nor disagreed, leaving one to wonder what was the thinking behind so many non-committal responses.
- While 672 students responded that they had a caring adult on the campus they trusted, 520 indicated that they did not; or they did not agree nor disagree with the statement.
- Regarding supports for students that are having a hard time, 513 students indicated that they disagreed or didn't agree nor disagree with the statement.
- While 571 students agreed that the consequences for not following School-Wide expectations are enforced consistently, 294 students did not and 326 did not agree nor disagree.

Families' Perspectives from the Online Survey:

There were approximately 643 families who completed the district's online survey. The charts below show the **total number** of families across all grades and schools who responded and how they responded to the survey questions. Families had the opportunity to respond by selecting Strongly Agree, Agree, Strongly Disagree, Disagree, or Neither Disagree nor Agree.

When asked the following questions, families responded:

	Strongly Agree or Agree	**Strongly Disagree or Disagree**	**Neither Agree or Disagree**
Teachers show respect and care about me	426	58	137
Teachers show respect and care about all their students	404	94	122
Support for students that are having a hard time is offered fairly and equally for all students	236	95	249
Consequences for not following School-Wide expectations are enforced equally for all students	245	149	227
Students understand School-Wide behavioral expectations and what the	393	98	131

positive and negative consequences are			
I have an adult on campus I can go to and trust if I need extra support	305	137	171

In summary:

- Families (426 and 404 respectively) feel strongest that teachers show respect and care for them and all their students.
- A large group of parents (149) who responded do not agree that consequences for not following School-Wide expectations are enforced fairly.
- The least number of parents (236) agree that supports for students that are having a hard time are offered fairly and equally.
- 305 families feel they have an adult they can go to that they trust, and 137 do not. 171 do not agree nor disagree with the statements.

Staff Perspective from the Online Survey:

- The school community has a shared vision of the kind of climate they are striving towards (80.2%).
- The school actively cultivates respectful, supportive relationships among students, school staff, and parents (63.9%).
- The school emphasizes common purposes and ideals (62.4%).
- The school provides regular opportunities for service and cooperation (47%).
- The school provides regular opportunities for service and cooperation (57.1%).
- The school encourages teachers to have common procedures, hold class meetings to set goals and norms, plan activities, and identify and solve problems (57.1%).
- The school has behavioral expectations posted in all places throughout the school, teaches expectations, and reinforces expectations with positive reward systems (88.8%).
- The school has behavioral expectations posted in all places throughout the school (79.9%).
- The school teaches expectations and reinforces these expectations with a positive reward system (85.2%).
- It is understood what behaviors are handled by the teacher and what should be office managed (55%).
- There are opportunities to celebrate student behavioral growth (60.4%).

In summary, staff felt:

- The school has behavioral expectations that are posted throughout the school (79.9%) and taught and reinforced with a positive reward system (88.8%).
- There is a shared vision of the kind of climate the school community is striving for (80.2)
- Only 47% of the staff feel the school provides opportunities for service and cooperation.
- Barely half (55%) of the staff feel there is clarity regarding what behaviors are handled by the teacher and what should be office managed.

- Specialists (Behaviorists and Psychologists) stated emotional regulation, depression, and anxiety are key needs, as are serving students with developmental challenges, and there is a need for School-Wide trauma infused training and de-stigmatizing mental health needs and services.

Suggestions to Improve School Climate:
There were many suggestions offered to improve school climate.
Students wanted:
- the school to address bullying (victims, allies, time to talk about it, and punishments),
- work on building helpful, kinder school communities,
- more clubs and activities,
- more opportunities to make connections, and
- healthier foods and snacks at school.

Students also felt there is a need for teachers to have common procedures so that students don't have to code switch from teacher to teacher. Certain expectations should be common across all teachers.

Staff suggested:
- Programs such as Restorative Justice, Mindfulness, and Second Step be provided district-wide.
- Implementation of PBIS needs to be improved.
- More work is needed on building a stronger sense of community, including a focus on hiring a more diverse staff.
- They want funding for these programs.

Families want:
- Schools to work on creating a stronger sense of community, making connections, and acceptance,
- Staff/adult training to recognize and address students in need and to develop cultural competence,
- As with the students, they want the schools to address bullying, and
- They want us to address the needs of special education students, including more and better inclusion.

Common among all three groups or two of the three groups was:
- Building a strong sense of school community (all 3)
- Parent education (2 of the 3)
- Classes or programs for students (Restorative Justice, Mindfulness, Second Step, managing anxiety, stress, etc. (2 of 3))

What are the areas that you believe students are most affected by?

Schools are in a unique position to help support the mental health needs of children. Creating

systems that reduce the stigma of mental illness through awareness, support the development of social emotional competencies, strengthen mental wellness, and link to community services when needed will result in improvements in students' social and emotional functioning as well as improved academic outcomes.

Researchers support the use of multi-tiered systems of support including MTSS and PBIS to address social behavior concerns, including aggression, oppositional behavior, and attention concerns (Barnett, 2013).

When looking at Alcohol and Other Drugs (AOD) on the 2016-2017 California Healthy Kids Survey (CHKS), the chart below shows the **percent** of students in grades 5, 7, 9, 11, and N/T across all schools as well as students at the non-traditional (N/T) continuation high school and how they responded to survey questions.

Note: N/A indicates that questions were not asked of students at that grade level.

SUMMARY OF ALCOHOL AND OTHER DRUGS LIFETIME USE	**Grade 5**	**Grade 7**	**Grade 9**	**Grade 11**	**N/T**
Students who consumed alcohol 1 - 3 times (for 5th grade 1 or 2 sips)	20	5	14	16	17
Students who consumed alcohol 4 or more times in lifetime	n/a	2	6	26	47
Students who consumed marijuana 1 - 3 times	n/a	2	7	9	8
Students who consumed marijuana 4 or more times in lifetime	n/a	1	6	26	56
Students who consumed cocaine, methamphetamines, amphetamines 1 - 3 times	n/a	n/a	0	1	7
Students who consumed cocaine, methamphetamines, amphetamines 4 or more times	n/a	n/a	0	2	3
Students who consumed Ecstasy, LSD, or other psychedelics 1 -3 times	n/a	n/a	0	3	10
Students who consumed Ecstasy, LSD, or other psychedelics 4 or more times	n/a	n/a	0	1	10
Students who took prescription pain killers, diet pills, other stimulants 1 - 4 or more times	n/a	n/a	5	8	26
Students who took Ritalin or Adderall or other prescription stimulants 1 - 4 or more times	n/a	n/a	2	6	9

Students who used the following within the past 30 days: Alcohol Marijuana Prescription medications to get high Any drug use Heavy drug use Two or more drugs at the same time	n/a	 4 1 n/a 3 1 n/a	 8 9 2 9 3 2	 22 21 3 23 14 7	 33 47 11 47 41 19
Students who have driven a car when they had been drinking 3 -7 or more times	n/a	n/a	0	5	13
Students who, during their life, have been drunk or high on school property 3 -7 or more times	n/a	0	1	10	33

There are many areas of concern based upon these data. Those areas include:

- The increase of alcohol, marijuana, and prescription pain killers from 9th to 11th grade and use of marijuana being at the top for 9th, 11th, and N/T students.
- The percent of students indicating they have been drunk or high at school 3-7 or more times is also an area of concern, especially at grade 11 and the N/T.

When looking at Tobacco Use on the 2016-2017 California Healthy Kids Survey (CHKS), the chart below shows the **percent** of students in grades 5, 7, 9, 11, and N/T across all schools as well as students at the non-traditional (N/T) continuation high school and how they responded to survey questions. Also listed below is the percent of students who responded to several other important survey questions.

TOBACCO USE	**Grade 5**	**Grade 7**	**Grade 9**	**Grade 11**	**N/T**
Students who have ever smoked a whole cigarette	1	2	4	10	26
Students who have ever used electronic cigarettes or vaping device	1	5	13	22	50
Students who are current cigarette smokers	n/a	2	2	5	10
Students who currently use vaping device	n/a	1	3	7	14
OTHER					
Students who experienced cyberbullying (past 12 months) 2 to more than 4 times	n/a	12	8	14	10
Students who did NOT eat breakfast on the day of the survey	8	23	32	32	49

Students who have felt chronically sad or have had hopeless feelings in past 12 months	n/a	21	27	35	34
Students who have seriously considered attempting suicide (past 12 months) YES	n/a	n/a	14	13	21

The biggest areas of concern include:

- Those who have used electronic cigarettes or vaping devices included 5% of 7th graders with use increasing at each grade level after that to as high as 50% at non-traditional high school.
- Chronic sadness and hopeless feelings were alarmingly high at all grade levels ranging from 21% to 35%.
- Alarmingly, 14% of 9th graders and 21% of students at non-traditional high school seriously considered attempting suicide.
- Cyberbullying was reported highest at the 7th grade level (12%) and 11th grade (14%).
- Percent of students who do not eat breakfast: 25% to nearly 50% of students reported that they did not eat breakfast on the day of the survey.

The chart below shows the **percent** of students in grades 5, 7, 9, 11, and N/T and how they responded to the following survey questions. These questions asked students about their behaviors.

MENTAL AND PHYSICAL HEALTH	**Grade 5**	**Grade 7**	**Grade 9**	**Grade 11**	**N/T**
Students using alcohol or drugs within the past 30 days.	n/a	6	14	30	51
Students binge drinking (5 or more drinks in a row) within past 30 days	n/a	0	2	13	20
Students who have been very drunk or high 7 or more times in past 30 days	n/a	1	3	20	51
Students who are currently cigarette smoking	n/a	2	2	5	10
Students who have ever used electronic cigarettes or other vaping devices	n/a	5	13	22	50
Students who are currently using electronic cigarettes	n/a	1	3	7	14
Students who have experienced chronic sadness/hopelessness within the past 12 months	n/a	21	27	35	34

Students who have seriously considered suicide within the past 12 months	n/a	n/a	14	13	21
Students who consider themselves to be part of a gang	n/a	7	3	7	1

In summary:

- More than 50% of the students at the non-traditional high school reported alcohol and drug use, have been very drunk, and have used electronic cigarette devices.
- In general, alcohol and drug use increases as students get older.
- Very high numbers of students at grade 7, 9, 11, and N/T (20% to 35%) have experienced chronic sadness or hopeless feelings within the past 12 months.

What are the biggest unmet behavioral health needs?

The Online Survey results showed:

Top four areas that all three groups (students, parent, staff) believe students are most affected by: Feeling worried, anxious, stressed

a. Depression or feeling sad
b. Teasing
c. Problems at home (divorce, fighting)

Also in their top five:

d. Students: Relationships issues (friendships/dating)
e. Staff: Bullying
f. Families: Feeling lonely/left out

Focus groups indicated:

- Middle School students: stress due to too many things due at the same time; conflicts trying to balance school and extra-curricular activities; passing period is too short; cyberbullying; too much homework; kids who are gay or bisexual are picked on; too many rumors; too much gossiping; many kids have trouble controlling their emotions; more healthy food options are needed; better communication about deadlines; friend drama; need more individual counseling; need more adult supports; create a "chill" zone; healthier lunches.
- High School students: cannabis (bigger problem than alcohol); alcohol; Adderall; Juul; depression; anxiety; stress; suicide ideation; abuse at home/family problems; too much homework; struggling with grades; balancing school and sports, family, activities; mutual respect is missing; phones are a problem; unnecessary drama and cliques; peer pressure; family life (teachers don't understand the kind of situation students have at home); bullying; nothing being done for sad students.
- High School African American students: stress; balancing school, grades, sports, life; family life, nobody really knows what goes on; gossip and bullying; not a lot of trust between counselors and students; we need more support; some teachers don't care if we fail; need

good teachers to stay; need more teachers that care; more cannabis than drinking; drugs not such a problem.

- High School high achieving students: Sleep deprivation; stress; depression; anxiety; balancing school, sports, etc.; need to develop better relationships (teachers/students, students/counselors); verbal abuse at home more common than you think; more support for freshmen; self-deprecation; food and snacks are not good parental pressure.
- Specialist (Behaviorists and Psychologists) interviews revealed concerns related to: anxiety, depression, substance abuse; lack of social skills (isolation, lack of belonging, sense of inadequacy, competitiveness); family dysfunction; lack of resilience; feelings of hopelessness; more mental health services are needed; more home support; clarity around Tier 1 expectations; trauma informed classrooms and staff; students with internalizing behaviors are not getting served; students without Medi-Cal are ignored.

What are the biggest barriers to accessing behavioral health services?

- Student Perspective: Students reported that they didn't know about the services or what services were available; confidentiality, embarrassment, lack of time, privacy concerns; ignore their level of stress, students don't know what is offered; students feel shy; lack of connection with the staff, scared to take the initiative; don't feel comfortable talking to someone they would see at school; to get help you have to accept that you have an issue; easier to put it on social media; stigma associated with mental health services. Students also stated that their parents don't want family secrets revealed.

- Parent Perspective: Parents felt that there was a lack of options for services or lack of understanding of what services were available and how to access them. Fear of deportation, therefore undocumented families will not seek services. Cost and lack of medical insurance or minimal health insurance. Transportation and parent work schedule. Privacy and confidentiality are also concerns.

- Staff Perspective: Staff felt the barriers were: lack of resources; shame; time when services are available; lack of understanding about how to access the services; waitlist; location of the services can be an issue; some students and families do not understand/lack awareness about what is going on with their mental health and that it is changeable. It is also very hard to get parents to agree to services (stigma, lack of understanding, privacy issues, shame, don't want other to know what is going on in their families).

What other suggestions do you have to improve the health and well-being of students at the school?

Overwhelmingly, families, students, and staff felt strongly that there need to be more trained therapists/counselors, psychologists, and behavior specialists to address the ever increasing social emotional needs of students. Students, staff, and parents all suggested group, individual, and peer-to-peer counseling support groups.

Student Perspective: Students suggested that adults take the initiative to connect with students, to remember that students are just kids and they struggle with knowing the systems

and exactly who to go to for what; more support is needed for freshmen; they'd like to see help for teachers (take care of them); teacher training; focus on a more diverse staff (it is easier to talk to people who are the same as you); provide a space for students to "chill"; school could be more welcoming so students aren't afraid to speak up. Offer healthier foods for lunch and snacks. We need more helpful teachers.

Parent Perspective: Parents also suggested training for staff, offering more parent education programs, offering students classes to manage stress, anxiety, and loneliness. Help to improve the diet of students by improving the offerings at school lunches, breakfasts, and snacks. Lunches should be organic and have less processed food and much less sugar. The schools should be offering parent tutoring - perhaps a peer-to-peer tutoring program. Parents suggested offering groups for single moms/single parents. Have a buddy system; teach empathy and support. Reduce the amount of homework - it causes students stress and stress in the home.

Staff Perspective: In addition to more counselors, therapists, and psychologists, staff suggested the need for professional development for staff; more effective, quick ways to refer students; more crisis services; programs such as Restorative Justice, Mindfulness, Second Step; strengthening MTSS and PBIS and COST; providing a designated space for students in need of a break space/calm down space; parent training and parent education.

Tier 2: (Early Intervention)
While each site and staff could name some of the Tier 2 services and supports offered at their school site, not all services are known by all staff nor is what is known implemented consistently across sites. The strongest Tier 2 interventions being implemented in most schools were small group counseling provided through district staff and partnerships with outside agencies such as Alameda Family Services. Staff indicated that access was limited and generally there was a wait list. Linkages to outside support organizations are not systematic nor used fully. Intervention Leads at schools that have them play a key role in supporting Tier 2 students. “Check in Check out” is used at some sites and is seen as effective.

Schools indicate that service provider partners (e.g. Alameda Family Services, Girls, Inc.) are vital to the success of their support system. They also noted, however, that more partnerships are needed and more staff are needed to meet demand. Waitlists often exist.

It was expressed that students who receive Medi-Cal may have access to more counseling support than do students without Medi-Cal but the needs are just as great. Funding sources are limited and inconsistent across schools.

Many suggestions emerged regarding improvements, some of which included: allow students to self-refer; advertise services in different ways; let parents know about the services; de-stigmatize the services so that students will seek help themselves; consider separating mental health services from sexual health services in places where they are connected (Health Centers); run Tier 2 groups in the Health Center to encourage use of the center, and normalize

visits; follow the best practice model of 1 school psychologist to 500-750 students; explore alternative service delivery models (e.g. wellness centers, evening sessions).

Tier 3: (Intensive Intervention)
There is heavy reliance on outside providers, behaviorists, and school psychologists to provide service to the district's Tier 3 students. Again, service is insufficient to meet demand. Waitlists exist, and staff often feel overwhelmed. Additionally service is inconsistent across sites, including who provides the service and how many days of service are provided. Some sites have interns, some do not. Sites have anywhere from no days of support from outside providers to 5 days of support. Outside service providers are key to the success of any programs/supports to be offered, yet their roles are unclear.

Educationally Related Mental Health Services (ERMHS) which are Tier 2 and 3 supports are provided to qualifying students who are enrolled in Special Education. These services can be group or individual. Staff indicate that the process for obtaining ERMHS for students is confusing, lengthy, and cumbersome. It is not clear who can qualify, how services are accessed, and how the services are funded. It was reported that some psychologists will do ERMHS referrals and others will not. It was also reported that some disabilities get attention (external behaviors such as ADHD, aggression) and others (anxiety, depression, suicidal tendencies, stress) do not.

2. Coordinated Practices (at the district level and at individual school sites to ensure resources are accessible, effective, and allocated where they are needed most)

Alignment across the district has improved through focus, training, and capacity building. District/Site MTSS teams meet monthly at the district office. PBIS site level teams meet monthly as well as Intervention Leads. COST teams at most schools meet weekly or monthly to address students for whom they have concerns. The focus of the meetings may vary from school to school, but generally it is to address the needs of identified students or students for whom the team has received a referral. The COST process is variable across the district as are discipline practices. Many respondents felt that alignment has improved at the district level through efforts such as follow-through with PBIS implementation, team school visits, establishing COST at most schools, and providing professional development for staff.

MTSS practices are implemented at some school sites more effectively than at other sites. This is also true for PBIS practices.

Physical health services are stretched very thin as there are only two nurses for the entire district. Currently specialists being available to attend COST meetings is difficult due to time constraints and packed schedules. Nurses almost never attend even though they would be an excellent asset to the COST team because, when physical ailments arise, other mental and behavioral health concerns emerge in the conversations that take place between the nurse, nurse's aide, and the students and/or family.

Students across the district were able to identify services that are available at their school sites. Of those mentioned most frequently were: Health Center, Restorative Justice, school counselors, teachers, leadership, etc.

Areas of need that have been identified:

- Roles and responsibilities for key positions (e.g. Behavior Specialist, Psychologist, Intervention Lead, COST coordinator) are not clear.
- Systems of behavioral health support vary by site.
- Clarification of the referral process is needed.
- Referral process takes too long and is too bureaucratic - it needs to be streamlined.
- There need to be more resources available to which students can be referred. Referrals to actual services for students who need it are slow, and the waitlist is long; students and families have to wait too long to get service, and thus follow-through is a continual issue.
- The systems that we do have are too reactive.
- Improved coordination with outside agencies is needed so it is not fragmented and is more efficient.
- Efficiency, service delivery, and triage need to be improved.
- Consistent curriculum and programs are needed across the district and within schools for social emotional needs.
- Improved collaboration and coordination are needed among partners to share best practices. Non-clinical partners, including teachers, should be part of this collaboration.

3. School-Wide Responsibility (everyone within the school, from teacher to parents to providers, plays a key role in supporting the social emotional health of all students)

It is extremely important that all members of the school community understand their role in supporting students. PBIS and Tool Box provide staff and students with a common language to use to discuss issues related to student wellness.

From the district's online survey, below are the **number** of staff who are aware of services and how often they refer their students to the services that they are aware of.

	A lot	Sometimes	Aware, but not used	Don't have this service	Don't know
After school programs	39	160	62	27	44
Health Center	24	84	52	118	51
Crisis counseling at school	24	94	66	85	62
Mental health counseling at school	36	123	64	62	46
Academic counseling	36	126	39	71	58

Drug and alcohol counseling	7	28	69	128	99

In general, staff feel:

- They have a place to send students that are in crisis,
- There is a system for referring students who have higher level needs,
- Not having a place to send students in crisis effects quality of teaching and learning,
- They do not receive adequate support from their school,
- Staff indicate they make the most referrals to after school programs and counseling, and
- Staff indicate they make the least referrals for drugs and alcohol to the Health Center.

From the results of the family online survey, families indicated the following when asked about where they have received help when their child needed counseling to deal with stress or a personal problem:

Service	**Percent**
Percent who said School Based Health Center	4
Percent who said on campus counselor	14
Percent who said on campus psychologist	8
Percent who said they go to the site administrator	8
Percent who said they go to the teacher	20
Percent who said they go to an off campus counselor or therapist	29
Percent who said this does not apply to them as their child has never received counseling when they needed it	11
Percent who said this does not apply as their child has never needed counseling	41

52% of families indicated that their child has never had nor needed counseling services and that when counseling was needed, the largest percent (29%) went to an outside counselor or therapist.

Students indicated that when they needed counseling to deal with stress or a problem, they sought services as follows:

- N/A - I never needed counseling (47%)
- Teacher (25%)
- On campus counselor (23%)
- I never received counseling when I needed it (15%)
- Off campus counselor or therapist (11%)
- Psychologist (5%)
- Site administrator (2%)

Parents, staff, and students indicated that school staff, including administrators, need additional training to identify and refer students for behavioral health issues, including students

with internalizing behaviors such as anxiety, depression, loneliness, etc.

Parent education and awareness training, in multiple languages, were also suggested as ways to reduce any stigma associated with mental health services.

Areas of need that have been identified:

- Training of staff, parents, and key partners in identifying and referring students.
- Improved, targeted communication with parents, including in languages other than English.
- Internal communications need improvement to better coordinate services.
- Define the role of outside providers to ensure alignment with district efforts and staff roles to eliminate duplication of efforts and streamline access to services.
- More training is needed for all staff as it relates to addressing and managing the needs of students with specific disorders (those with ADHD, depression, autism, etc.).
- Many parents feel that their child has no mental health needs/no need to see a therapist, and thus needs go untreated - efforts to educate and de-stigmatize the need for mental health are needed.
- Social workers in the school were suggested as one way to better support families and help them access services.
- Families are facing significant issues and are hesitant to seek help/support through the school due to a variety of barriers (e.g. privacy concerns; stigma; lack of money or time to address the issues; don't know what services are available).
- Raise awareness for staff related to the struggles students and families are dealing with, increasing empathy and problem solving approaches.
- Students are asking for less homework, better coordinated homework due dates, more community building activities, more clubs, and more fun activities to help reduce stress and build community.

4. District Capacity (related to the district's ability to support the implementation, ongoing assessment, and sustainability of the SBBH system)

Schools are in a unique position to help support the mental health needs of children. Creating systems that reduce the stigma of mental illness through awareness, support the development of social emotional competencies, strengthen mental wellness, and provide links to community services when needed will result in improvements in social and emotional functioning as well as improved academic outcomes.

Researchers support the use of multi-tiered systems of support including MTSS and PBIS to address social behavior concerns, including aggression, oppositional behavior, and attention concerns (Barnett, 2013). Strong efforts have been made and supports have been provided to ensure consistent implementation of Coordinated Services Team (COST). However, more work is needed. Recently more attention and focus have been provided for IEP teams.

School Staff Perspectives:
Building a strong commitment from district level administration is imperative to successful implementation of a coordinated support system for students. Genuine support requires a framework and a system that incorporates existing structures, develops a strong commitment at the district and site levels, and focuses on sustainability and implementation fidelity. This requires strong leadership from all district level administrators.

The district has made great strides in implementing Positive Behavior Intervention Systems (PBIS) at all schools. And, while continuing to support implementation of PBIS, most recently the district has implemented a Multi-Tiered System of Support (MTSS). Staff training has been provided with on-site support. Many comments were made regarding how hard the staff is working, especially given limited time and staff resources. Continued focus on implementation is needed.

When asked about the ways staff felt supported, they overwhelmingly referred to training, value of intervention leads at school that have them, social emotional curriculum, and the COST process. Staff also acknowledged how hard working and committed everyone is at the schools.

At the same time, they acknowledged that MTSS, PBIS, COST, the referral process for crisis support, threat assessments, and risk assessments continue to need further development. There needs to be more training for Tier 1 strategies and clarity of expectations of all staff to implement the Tier 1 strategies. The same thing is true for PBIS: what strategies are all schools and all classrooms expected to implement?

While acknowledging that staff are dedicated and hard working, they also recognize that staff are overwhelmed with so many new initiatives going on at one time.

Some sites feel that PBIS and MTSS are strong, and others do not feel that way. Coordination and implementation at this point are inconsistent across school sites with some saying it is "poor, especially at the larger schools."

Frustration was expressed with not having a unified vision and clarity of expectations for behavioral health across the district to help create a more cohesive and equitable system of support.

Site staff were appreciative of the resources that they do have, which includes: Behavior Specialists, Psychologists, Intervention Leads, and School-Based Health Centers (at comprehensive high schools). They lament the fact that there are not more staff and that more students need to be referred for services, but there is already a long waiting list. The exact role of the specialists is not clear across all sites.

5. Cultural Responsiveness (honors the culture of students, family, and community, and results in supports and services tailored to the unique needs of those served)

Two of the things that make Alameda Unified School District such a wonderful place are the diversity and the efforts to ensure that everyone feels that "they belong." The "Everyone Belongs Here" initiative was cited by students and staff as an effort to ensure that everyone feels safe, respected, and valued in their school community. Many students indicated that they feel their school is really accepting. However, in drilling down in focus groups and interviews, comments included:

- More discussion among staff members about cultural sensitivity is needed.
- Kids say racial slurs, including the "N" word; negative comments affect us. Adults can raise awareness about how words can hurt kids.
- Some classes support restorative justice, and some don't.
- Some teachers are welcoming, and some are not.
- Some feel the teachers are good, it's the students that are the issue.
- Students feel welcomed, and some don't.
- Culture and unity assemblies are great.
- Teachers don't really know what students are going through.
- Some teachers are quick to send students to the office.
- There should be training for teachers on how to connect with students.
- A roundtable for students and teachers might help establish better connections.
- It's a very diverse group of people - very accepting of others.
- Teachers and adults don't understand certain backgrounds, including those with lower socio-economic backgrounds.
- Adults may not understand that we struggle to survive and live; they don't understand that learning is important to students, but it is not the only thing that they are struggling with.
- Some teachers are more compassionate than others.
- Some students/schools report there is not an issue with racism, and others report there are issues with racism on the campus.
- Some teachers don't understand my background and family.
- I have two moms and the office doesn't understand the different last names.
- There are a lot of assumptions made about my culture.
- There need to be more people like us who relate to the things we are going through.
- There needs to be a more diverse staff.
- Sometimes I am the only black student in the whole class, and giving my opinion is sometimes awkward.
- You can tell people who aren't from here because they care more about coming to school and getting an education.
- The schools throughout the district should be more integrated so that black and brown students aren't at a couple of schools.

- The curriculum needs to be more culturally responsive. Contributions of people of color are often overlooked in history and social studies.
- Schools could be more culturally responsive, especially diversity and language access.

FINDINGS: ACCESS TO MENTAL HEALTH SERVICES/HEALTH CENTER

The goal is to maximize use of the School Based Health Centers at the high schools. This goal is currently not being met. Communication, coordination, and integration between the SBHC and the high schools are in need of improvement. Referrals from the health center are one of the least cited referrals that teachers/adults make for students. Only 4% of families indicated that their students used the health center when dealing with a problem. 24 teachers indicated that they knew a lot about the health center; 84 indicated that they sometimes referred students to the health center; 52 said they knew about it but did not refer students; 51 said they didn't know about it.

Students named the following services available through the health center and reasons they would use it: condoms; birth control; physicals; it's good to talk to a stranger and dump things on them; basic health needs; it's close and convenient.

The reasons students cited for not going to the health center included: won't go during lunch or recess; don't want to ask for a pass; lack of motivation; doesn't feel it's professional because it is at the school; privacy, trust, embarrassment; no confidentiality; shyness; using other things to cope (drugs, cannabis, alcohol, sports); it didn't really help me; students might not want to admit they have an issue; lack of connection with the staff; not knowing where it is; not recognizing when you should go; lack of knowledge about the full scope of services offered; feel the center can't help them; don't want parents to find out; don't want family secrets to come out; students like to keep school and therapy separate; no time.

According to the 2016 - 2017 CHKS, when students were asked about the Health Center, they responded as follows. The numbers represent **percentages** by grade level.

	Grade 9	Grade 11	N/T
Students who have never used the School Health Center	80	65	48
Students who have used the health center 1 or 2 times	15	18	28
Students who have used the health center 3 to 9 times	4	11	11

The **percent** of students using specific services at the Health Center are as follows:

	Grade 9	Grade 11	N/T
Students who have never used the Health Center or their school doesn't have one	80	64	38

Students who used the center when they were sick, hurt, or needed a check-up	13	12	17
Students who used the center for counseling to help them deal with issues like stress, feeling sad, family problems, or alcohol or drug use	5	12	19
Students who sought information on sexual health issues like birth control/condoms or testing for pregnancy/STDs	4	19	25
Students needing support with diet, nutrition, or exercise	2	3	2
Students who sought dental care for cleanings, toothaches, or cavities	2	1	4
Students who went for other reasons	5	6	19

When asked why they never used the health center, the **percent** of students who responded is as follows:

	Grade 9	Grade 11	N/T
Students who said this did not apply to them because they used the health center	39	46	59
Students who didn't use it because they didn't need any services	56	46	30
Students who didn't know there was a School Health Center	7	4	2
Students who were afraid their parents would find out	1	3	0
Students who were afraid other students would find out	2	2	0
Students who said the wait was too long	0	2	2
Students who said they didn't feel like the people who work there would understand them	4	5	0
Students who reported they couldn't get a pass to leave class	1	1	0
Other reasons	7	6	9

FINDINGS: OTHER

a. More Healthy Snack and Lunch Options:

In student and family survey results and student focus groups, there were repeated comments asking for improvements to the food that is served, especially more healthy options for snacks and lunches.

b. Elementary Yard Supervision:

There was a consistent voice among parents completing the online survey that there are issues

on the elementary playgrounds that need to be addressed, including the need for increased yard supervision.

c. Secondary Cell Phone Accessibility:

There were numerous comments among parents on the online survey and some students in the focus groups that expressed concerns about cell phones being a distraction and/or an addiction.

RECOMMENDATIONS

Overview

The district has made great strides in the last several years to provide training and to implement MTSS, PBIS, and COST systems to better serve the needs of their students. This effort represents a culture change within the district from one of strong site independence to one of working together toward a shared vision and goals for student learning and behavioral success. There is a sense of urgency among key stakeholder groups to complete this work. It is also clear that the district cannot address the behavioral and mental health needs of students and families alone. Strong partnerships currently exist which can be further strengthened, and new partnerships will need to be formed in order to address the ever growing needs of the district's students. There are many findings and recommendations in this report. They cannot all be given the same priority nor can they all be worked on at the same time. It will be up to a Steering Committee or district leadership to prioritize the work and develop a comprehensive action plan.

The following recommendations are to be evaluated and prioritized and inserted into a strategic plan to move the district forward in meeting the needs of students, staff, and families.

As is typical, in a report of this kind, little time is spent on the district's strengths, but rather time is spent to identify areas needing improvement as the district's focus is on moving forward. With that in mind, there are **many** district strengths of which a few should be noted:

- Staff are dedicated, committed, and working very hard to meet the growing complex needs of their students, academically and social emotionally.
- There are pockets of excellence and exemplars across the district related to this work and those should be identified, recognized, and built upon.
- There is a collective sense of caring and sharing across schools.
- Leaders at the district office and at most school sites are fully committed to this work.
- Even while having to make budget cuts, this work remains a top priority within the district.
- There is a momentum across the district to implement research-based practices systematically and efficiency to provide the training and support that are needed.
- There is recognition across the district that many students and families face behavioral and mental health challenges that are not currently being sufficiently met and action must be taken to address these unmet needs.
- The district has demonstrated that it is committed to developing a comprehensive health and wellness system of supports that addresses the needs of all students.

- There are intentional efforts being made to implement and/or strengthen Multi-Tiered Systems of Support (MTSS), Positive Behavior Intervention and Support (PBIS), and Coordinated Services Team (COST).
- There are invaluable mental health services and supports currently being provided through outside partnerships, such as Alameda Family Services and Girls Inc.
- There is recognition by the district that current partnerships need to be strengthened and expanded, and new partnerships need to be formed in order to meet the ever-growing needs of all students.
- The vast majority of students feel they have a caring adult on their school campus that they trust.
- The district is currently offering many mental health services that are convenient, easily accessible, free, and confidential to many students who would otherwise not seek nor receive mental health services.
- Many schools across the district are implementing prevention strategies such as restorative practices, Mindfulness strategies, and ToolBox tools as they seek to meet the behavioral and mental health needs of their students.
- There are efforts at many sites to improve school climate and culture and to build a supportive and inclusive community for students and families.
- The district's investment in Intervention Leads is providing critical support to staff and students.

1. Three Tiers of Support

a. Form a Steering Committee, led by district staff, to strategically chart the path forward based upon the report recommendations, including a timeline and a budget. This committee will serve as the oversight committee to ensure the work is proceeding according to the timeline.

b. Develop a Financial Sustainability Plan to address mental health and behavioral health across all schools. This plan should cost out the highest priority needs given the current budget, what funding is needed to meet the full scope of identified needs, and address how the needed funds might be obtained.

   i. In spite of the district's budget situation, the district must prioritize funding for mental health supports, including:
      - additional mental health supports (e.g. counselors, therapists, psychologists) to provide, among other services, additional individual, family, group, and in the moment crisis counseling sessions
      - Medi-Cal students and families (are we maximizing those funds?)
      - Non-Medi-Cal students and families
      - Staff professional development
      - Parent education
      - Other identified priorities

   ii. Develop a plan for building partnerships with businesses, agencies, and Community Based Organizations that support this work and seek additional

resources within and outside of the district: funds from the community, the county, grants, foundations, and new partnerships to support this work.

iii. Look creatively at funding sources such as LCAP, MAA, site discretionary, or supplemental funds.

c. Develop or refine a comprehensive Multi-Tiered System of Support that is integrated and coordinated across the 3 tiers. Refine and/or establish **clear guidelines** and **expectations** for program implementation, services, and supports at district, site, and classroom levels. This is to include research-based practices for each tier to include:

i. Tier 1 Best Practices: Include a mental health professional on a Tier 1 or COST team; finalize PBIS universal structures; agree upon a restorative-type process for correcting behavior (define what that can look like); address school climate (focus on creating a kinder, culturally relevant, and more connected school community); implement social emotional learning strategies (such as Tool Box, Mindfulness); focus on building relationships between students, staff, and families; provide opportunities for students to develop and practice social emotional learning competencies; teach universal coping strategies to address anger, frustration, stress, and anxiety (define what those can and should look like); clarify expectations for all staff; hold site leaders accountable to ensure that agreed-upon evidence-based practices are implemented.

ii. While building a positive school climate is a part of Tier 1, as agreements and expectations are clarified about how to build a kinder, accepting school community, it will be important to remember some of these key thoughts from both students and parents.

- Students across all levels feel teased or bullied, lonely, or alone, and they want students (and parents) to build a kinder, more connected school community.
- They want teachers/adults to take the initiative to create caring relationships.
- They want the adults to remember that they are still only kids and they need the adults to lead the way.
- While they do feel they have teachers/adults who care about them, they want teachers that stay and care about them.
- They want common expectations across classes so code switching isn't necessary.
- We need to integrate opportunities to celebrate student behavioral growth.
- We need to create a safe space/calm for students to go when feeling stressed or that they need a break.

Teachers want clarification regarding which issues are handled at the teacher level and which are handled at the office level.

iii. Tier 2 Best Practices: Develop a process to screen and identify students in need of additional social behavioral or mental health support; use data to evaluate and connect a student's needs to evidence-based interventions; use “Check in

Check out" system; provide evidence-based, targeted interventions that include increased instruction in cognitive skill areas and progress monitoring; determine and utilize fidelity measures; develop/refine a rubric to monitor implementation and effectiveness.

iv. Tier 3 Best Practices: Develop a process for linking to community services; assign district and site personnel for case management and coordination of care; offer support to both the student and the family; develop individualized plans to address both social-behavioral concerns and lagging skill development; develop/refine a rubric to monitor implementation and effectiveness.

d. As a comprehensive system of support is built and expanded, address the needs of students with internalizing mental health needs such as depression, anxiety, stress, self-ideation, suicide, etc. as a priority.
e. The comprehensive system of support should also address drugs (specifically marijuana, Adderall, and alcohol use and abuse).
f. Develop a mental health awareness campaign to increase awareness, educate students, staff, and families, and remove the stigma associated with mental illness.
g. Redefine or clarify roles of existing staff and analyze current staff capacity. Explore different options for restructuring their work based on site/student needs.
h. Develop and provide training for crisis response protocols.
i. Provide training for trauma-informed classrooms and staff, including how to react to trauma.
j. Analyze, clarify, and refine the referral process, including ERMHS.

2. Coordinated Practices

The district should lead efforts to streamline and improve coordination of services and supports for students. The district is responsible for supporting sites and holding them accountable for implementing agreed upon expectations and protocols.

a. Create or refine a standard district-wide referral and coordination system for behavioral health services. This should include agreed upon forms to be use at all schools by all staff and data tracking and accountability procedures.
b. Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
c. Utilize data to ensure that COST services are equitable and aligned with school climate strategies.
d. Provide support to current COST teams and expand COST to all sites for the 2018-2019 school year - set target dates and accountability measures for authentic implementation.
    i. Provide support and training to staff and administration as needed.
    ii. Troubleshoot challenges hindering implementation.
e. Clarify roles and responsibilities for all providers addressing the mental health needs of students, including outside providers (an MOU may be needed) to ensure strategic support; streamline how to get support; ensure alignment with district efforts and needs; and eliminate duplication of efforts.

f. Improve coordination and collaboration among partners across the district, and establish a protocol for sharing best practices and successes.

3. School-Wide Responsibility

It is critical that all members of the school community, staff, students, parents, and providers work together to strengthen relationships, improve school climate, and improve supports and services to students and families.

a. Provide professional development and build capacity of staff to engage families around students' health and wellness issues, and support the social emotional learning needs of students.
    i. Utilize existing staff as much as possible to provide this training.
    ii. Utilize county and other outside agencies to provide training when possible.
    iii. Provide training for all staff (office, teachers, paraprofessionals, administrators, and providers) focused on:
        - working with families from diverse cultural, socioeconomic, linguistic, and religious backgrounds,
        - connecting families to onsite and offsite resources,
        - recognizing and addressing the needs of students with specific disorders (e.g. ADHD, autism, depression, anxiety), and
        - creating a welcoming classroom for all students and families.
    iv. Provide training focused on trauma informed classrooms and how to recognize and address those mental health issues that are not easily identified (sadness, loneliness, depression, etc.).
b. Implement agreed-upon strategies to improve and increase communication within the school (COST team and staff, PBIS team and staff, providers and staff, and between the school and families).
c. Develop a multi-pronged family engagement strategy to build community and improve access to resources for students and families:
    i. Address language needs, cultural relevance components,
    ii. Create awareness campaign,
    iii. Use website information, robo calls, mailers, etc. to help get the message out, and
    iv. Establish a regular, consistent process for collecting and incorporating feedback from families (survey, parent meetings, focus groups, principal coffees).
d. Figure out how to better coordinate the volume of homework.
e. Develop community building activities to the school day/week/month and implement as planned.

4. District Responsibility

There are mixed reviews regarding District support. Some initiatives feel supported, others do not (COST). Some were more supported, and now they are not as supported (PBIS). Some staff feel PBIS is going well at their school site, and some feel it is going poorly. There was a strong voice from staff and students that teachers are overwhelmed with the many initiatives going on

across the district.

In general, staff felt that improvements are being made, but more needs to be done and sites need more support.

a. Establish and communicate a clear vision for mental health and behavioral health for the district.
b. Identify clear expectations for roles and responsibilities of key district staff and site leads/lead teams in rolling out and supporting the key initiatives at the site level.
c. Identify clear expectations regarding what sites are expected to implement: what is flexible/what is not flexible.
d. Continue to focus on district-wide training and implementation of MTSS, PBIS, COST.
e. Prioritize the areas that have been identified as having made progress but still needing further development: MTSS, PBIS, COST, referral process for crisis support, completing threat and risk assessments.
f. Provide more site level training related to Tier 1 strategies, and clarify expectations for implementation of these strategies across schools and all classrooms.

5. Cultural Responsiveness

Honoring the culture and backgrounds of students and families is crucial to providing effective mental health care and eliminating inequalities in health and academic success.

a. Develop a multi-pronged approach to building stronger connections with all families, especially our families of color who often feel marginalized as well as our special needs students:
    i. Provide on-going professional development for staff related to cultural sensitivity, cultural competency, culturally and linguistically appropriate conversations, institutionalized racism, understanding cultural aspects of mental health treatment, empathy.
    ii. Increase outreach to families and parents to educate them about services that are available and to develop trusting relationships with them:
        - Provide information to families in multiple languages,
        - Identify point people within the district and/or at the schools to serve as a link between school and families to address issues that arise.
    iii. Consider holding a forum for staff and students to communicate directly to each other regarding caring relationships, assumptions that are made about and by each group.
    iv. Work to ensure that every classroom is welcoming to every student.
    v. Be clear about access to translation services for families.
    vi. Continue to seek feedback from families regarding their experience at the school sites and district in terms of cultural competency, inclusion, and welcoming schools and classrooms.
b. Build on district and site-level efforts that relate to "Everyone Belongs Here" beliefs and integrate various district/parent forums so that the voices are heard and integrated into the plans to create welcoming, culturally responsive classrooms, schools, and practices.

c. Provide professional development for staff on an ongoing basis for staff and providers on topics such as immigration, LBGTQ, race, gender, understanding the cultural aspects of mental health, and inclusion.

Access to School-Based Health Centers

a. Develop a School-Based Health Center awareness campaign to increase awareness for students about all aspects of the SBHC services and supports.
    i. Address all the barriers that students identified in this assessment that keep them from seeking services at the SBHC (stigma, concerns with privacy, lack of understanding of all that is available, etc.).
b. Provide staff training regarding concerns and issues identified by families that represent barriers to accessing services.

Other

a. Investigate healthy, cost neutral lunch and snack alternatives.
b. Meet with site administrators to determine if there are more effective, efficient ways to utilize the current staff working as yard supervisors at the elementary level: active supervision, shifting coverage areas, shifting staff inside the cafeteria at lunch to yard if possible, more training needed regarding active supervision.
c. Research current cell phone use policy and determine if changes can/should be made to be more consistent across the secondary schools:
    i. Investigate what other secondary schools or districts do as it relates to cell phone use at school.
    ii. Adapt policy if needed.

Appendix A: No Cost Recommendations

The primary cost of implementing the recommendations within this report is associated with: additional staff to provide behavioral and mental health services and support, additional Intervention Leads for sites that don't have them, staff training, teacher release time (hourly and substitute costs) for trainings, increased translation services, and possible additional curriculum to address social emotional needs. Some of the recommendations can be implemented by shifting funds from one source to another or away from programs/projects that are no longer a priority to programs that have become a priority. However, many of the recommendations in this plan are no-cost recommendations. Those no-cost recommendations are listed below.

Three Tiers of Support:

1. Form a Steering Committee, led by district staff, to strategically chart the path forward based upon the report recommendations, including a timeline and a budget.
2. Develop a Financial Sustainability Plan to address mental and behavioral health across all schools so that funds are used as efficiently as possible and so that outreach to outside funding sources can be more systematic and customized to meet the interests of outside groups.
3. Develop a plan for building partnerships with businesses, agencies, and Community Based Organizations that support this work, and seek additional resources within and outside of the district.
4. Tier 1 Best Practices:
    a. Refine and/or establish **clear guidelines** and **expectations** related to building a positive school climate aimed at prevention, including creating welcoming, caring, culturally responsive, and inclusive classrooms and schools.
    b. Refine and/or establish **clear guidelines** and **expectations** for MTSS program implementation, services, and supports at district, site, and classroom levels.
    c. Refine and/or establish **clear guidelines** and **expectations** for PBIS program implementation, services, and supports at district, site, and classroom levels.
    d. Clarify which issues are handled at the teacher level and which are handled at the office level.
5. Tier 2 Best Practices: develop a process to screen and identify students in need of additional social behavioral or mental health support; use data to evaluate and connect a student's needs to evidence-based interventions and resources.
6. Tier 3 Best Practices: Develop a process for linking to community services.
7. Develop a mental health awareness campaign to increase awareness; educate students, staff, and families, and remove the stigma associated with mental illness.
8. Redefine or clarify roles of existing staff and analyze current staff capacity.
9. Develop and provide training for crisis response protocols.

10. Analyze, clarify, and refine the referral process, including ERMHS.

Coordinated Practices:

1. Create or refine a standard district-wide referral and coordination system for behavioral health services.
2. Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
3. Utilize data to ensure that COST services are equitable and aligned with school climate strategies.
4. Utilize data to ensure that COST services are equitable and aligned with school climate strategies.
5. Provide support to current COST teams and expand COST to all sites for the 2018-2019 school year - set target dates and accountability measures for authentic implementation.
6. Clarify roles and responsibilities for all providers addressing the mental health needs of students, including outside providers (an MOU may be needed) to ensure strategic support; streamline how to get support, ensure alignment with district efforts and need, and eliminate duplication of efforts.
7. Improve coordination and collaboration among partners across the district, and establish a protocol for sharing best practices and successes.

School-Wide Responsibility

1. Provide professional development and build capacity of staff to engage families around students' health and wellness issues and support the social emotional learning needs of students.
2. Implement agreed upon strategies to improve and increase communication within the school (COST team and staff, PBIS team and staff, providers and staff, and between the school and families).
3. Develop a multi-pronged family engagement strategy to build community and improve access to resources for students and families.

District Responsibility

1. Establish and communicate a clear vision for mental health and behavioral health for the district.
2. Identify clear expectations for roles and responsibilities of key district staff and site leads/lead teams in rolling out and supporting the key initiatives at the site level.
3. Identify clear expectations regarding what sites are expected to implement: what is flexible/what is not flexible.
4. Prioritize the areas that have been identified as having made progress but still needing further development: MTSS, PBIS, COST, referral process for crisis support, completing threat and risk assessments, etc.

Cultural Responsiveness

1. Develop a multi-pronged approach to building stronger connections with all families, especially our families of color who often feel marginalized as well as our special needs students.
2. Increase outreach to families and parents to educate them about services that are available and to develop trusting relationships with them.
3. Consider holding a forum for staff and students to communicate directly to each other regarding caring relationships, assumptions that are made about and by each group.
4. Work to ensure that every classroom is welcoming to every student.
5. Be clear about access to translation services for families.
6. Continue to seek feedback from families regarding their experience at the school sites and district in terms of cultural competency, inclusion, and welcoming schools and classrooms.

Access to Mental Health Services

1. Develop a School-Based Health Center awareness campaign.

Other:

1. Investigate healthy cost neutral lunch and snack alternatives.
2. Within the current elementary yard supervisor staffing allocation, analyze if there is a cost neutral way to shift supervision to increase coverage on the yard.
3. Analyze if there is interest in revisiting the district's/site's cell phone use policy and make adjustments as needed.

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