

Mental and Emotional Wellness Needs Assessment

June 12, 2018

Kirsten Zazo, Chief Student Support Officer

Assessment Plan Timeline

2017-2018 Activities	Estimated Timeline
Develop Draft Scope of Assessment	August, 2017
CREATE COMMITTEE: Invite stakeholders to the Alameda Needs Assessment Steering Committee	September, 2017
Steering Committee Kick-off Meeting: <ul style="list-style-type: none"> • SHARE DRAFT NEEDS ASSESSMENT PLAN: Steering Committee to finalize goals, timeline, and guiding questions • DATA COLLECTION PLAN: Determine next steps and who will be responsible for carrying out data collection • SUB-COMMITTEE TO REVIEW TOOLS: Identify 4-5 people to review tools by October 1 	October, 2017
REVIEW DATA COLLECTION TOOLS: Sub-Committee to approve plan, give feedback on tools	November, 2017
FINALIZE NEEDS ASSESSMENT PLAN AND TOOLS: Based on feedback from Steering Committee, revise and finalize assessment plan and tools	November, 2017
COLLECT DATA: Collect data from primary and secondary data sources	Mid-December-Feb, 2018
PLANNING MEETING: Update on data collection, trouble shooting, next steps	Mid-January, 2018
ANALYZE/SUMMARIZE: Conduct analysis, summarize findings	February, 2018
PRESENT FINDINGS AND DEVELOP RECOMMENDATIONS: Present findings and develop recommendations with the Steering Committee	Mid- April, 2018
PREPARE REPORT	May, 2018
Present to Stakeholders, BOE	June, 2018

Needs Assessment Purpose

The purpose of this Needs Assessment is to:

- Identify student behavioral health needs.
- Inventory existing school and community-based services, and identify gaps in services.
- Develop recommendations, create a more coordinated and integrated behavioral health service system, and make services more accessible to all students.

Sample Key Questions We Asked:

The Needs Assessment will assess needs and strengths over the six School Based Behavioral Health model components. The following are potential questions that will be considered by the Steering Committee:

- *What are the student behavioral and mental health needs across the tiers? **(Three Tiers of Support)***
- *What are the existing health and wellness services (including behavioral health) across the district (inventory of services)? What are the funding streams? What services are available for referral in the community? Where are there gaps in service? **(Three Tiers of Support, Coordination Strategies)***
- *Using a broad definition of “behavioral health” supports – what additional efforts could help to create a more positive environment for youth? **(School-Wide Responsibility, Three Tiers of Support, Cultural Responsiveness)***
- *How can these services be better coordinated and integrated both on school campuses and throughout the district? **(Coordination Strategies)***

Steps We Followed:

2017-2018 Activities	Estimated Timeline
Conduct surveys and hold focus groups	Mid-December-Feb, 2018
ANALYZE/SUMMARIZE: Conduct analysis, summarize findings	February, 2018
PRESENT FINDINGS AND DEVELOP RECOMMENDATIONS: Present findings and develop recommendations with the Steering Committee	April, 2018
PREPARE REPORT	May, 2018
Present to Stakeholders, BOS	June, 2018

Needs Assessment Proctors

We would like to thank the following individuals who gave of their time to help us complete this Needs Assessment:

Catherine Rodecker

Jodi McCarthy

Joanne Murphy

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Kale Jenks (Alameda Family Services)

Christine Chilcott (Girls Inc.)

Jennifer Williams (Board member)

Report Details

The Report consists of:

- An **Executive Summary**: summarizes Key Findings and Key Recommendations in the seven categories:
 - Three Tiers of Support
 - Coordinated Practices
 - School-Wide Responsibility
 - District Capacity
 - Cultural Responsiveness
 - School-Based Health Center
 - Other
 - Next Steps
- Key Findings for each category listed above
- Recommendations for each category listed above
- A list of No-Cost Recommendations
- Budget needed to implement the Needs Assessment
- References

District Strengths

- Staff are dedicated, committed, and working very hard to meet the growing complex needs of their students, academically, behaviorally, and socio-emotionally.
- There is a momentum across the district to implement research-based practices systematically and seek the efficiency to provide the training and support that is needed.
- There are intentional efforts being made to implement and/or strengthen Multi-Tiered Systems of Support (MTSS), Positive Behavior Intervention and Support (PBIS), Coordinated Services Team (COST).
- 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 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.

District Strengths (cont.)

- There are invaluable mental health services and supports currently being provided outside partnerships, such as Alameda Family Services and Girls Inc.
- 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.
- The district's investment in Intervention Leads (IL) is providing critical support to staff and students (at sites where ILs exist).
- Many students reported that feel they have a caring adult on their school campus that they trust.

Three Tiers of Support: 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 one 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

Three Tiers of Support: Key Findings (cont.)

- 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
- 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, problems at home that affect the student at school
- Student groups overwhelmingly reported problems dealing with stress, anxiety, feeling sad or feeling hopeless, and suicidal thoughts
- Students reported problems with drug use and abuse, especially cannabis, alcohol, vaping

Three Tiers of Support: 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, as well as data tracking and accountability procedures.
- Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
- 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.

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 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 for social-emotional needs
- Improved collaboration and coordination among partners is needed to share best practices and to include non-clinical partners, such as teachers

Coordinated Practices: 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, as well as data tracking and accountability procedures.
- Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
- 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.

School-Wide Responsibility: Key Findings

- Training of staff, parents, and key partners in identifying and referring students is needed
- 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 related to the struggles students and families are dealing with is 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.)

School-Wide Responsibility: 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.
- 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.
- Develop an implementation tool for determining use of agreed upon strategies, their effectiveness, and challenges that staff are facing with implementation.

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 is 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 is 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 for outside providers is needed
- District-wide protocols for behavioral health crises do not exist

District Capacity: 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 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.
- Provide more site level training related to Tier 1 strategies, and clarify expectations for implementation 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 Tiers 2 and 3.
- Establish clear guidelines and expectations for district staff around service delivery (e.g. communication and confidentiality protocols, caseload expectations, COST participations, etc.)
- Establish a district-wide protocol for behavioral health crises.
- ¹⁸ Establish clear expectations for outside providers.

Cultural Responsiveness: Key Findings

- More discussion among staff regarding cultural sensitivity and inclusion 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 the 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

Cultural Responsiveness: 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 level as part of Tier 1
- Be clear about access to translation services for families
- Continue to seek feedback from families regarding their experience at the school and district levels

Access to School-Based Health Center: Key Findings

- 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 least referrals made
- Many students are aware of the health center, and 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
- There is a waitlist at the health center to service students in need

Access to School-Based Health Center: 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 commented critically on 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 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

Other: 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, more training needed regarding active supervision
- Research current cell phone use policy and determine if changes can/should be made to more consistent across the secondary schools
- 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 step is completed within the designated time frame
- Develop a communications 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 strengthening relationships with mental health partners (current and new)

Twenty One No Cost Recommendations (Examples)

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.
3. Develop a plan for building partnerships with businesses and agencies and community based organizations that support this work, and seek additional resources within and outside of the district.
4. Refine and/or establish **clear guidelines** and **expectations** for MTSS program implementation, services, and supports at district, site, and classroom levels.
5. Refine and/or establish **clear guidelines** and **expectations** for PBIS program implementation, services, and supports at district, site, and classroom levels.
6. Refine and/or establish **clear guidelines** and **expectations** for creating welcoming, caring classrooms and schools.
7. Clarify which issues are handled at the teacher level and which are handled at the office level.
8. Create or refine a standard district-wide referral and coordination system for behavioral health services.

Twenty One No Cost Recommendations (Examples)

9. Clarify and document district-wide expectations regarding COST implementation. Communicate those expectations to all staff.
10. Utilize data to ensure COST services are equitable and aligned with school climate strategies.
11. 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.
12. 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).
13. Establish and communicate a clear vision for mental health and behavioral health for the district.
14. 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.
15. Identify clear expectations regarding what sites are expected to implement: what is flexible/what is not flexible.

Twenty One No Cost Recommendations (Examples)

16. 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.
17. Increase outreach to families and parents to educate them about services that are available and to develop trusting relationships with them.
18. Develop a School-Based Health Center awareness campaign.
19. Investigate healthy cost neutral lunch and snack alternatives.
20. 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.
21. Analyze if there is interest in revisiting the district's/site's cell phone use policy and make adjustments as needed.

Needs Assessment Implementation Plan Timeline

2018-19 School Year	Estimated Timeline
Present the Needs Assessment Results to Stakeholders	June, 2018 – February, 2019
Meet as a Steering Committee	November, 2019
Staff Develops Action Plan Based on Steering Committee Recommendations	November, 2019
Report 2018-19 Action Plan to Board	January, 2019
Preview Progress with Steering Committee	February, 2019
Preview Progress with Steering Committee	March, 2019
Steering Committee Sets the Priorities for the 2019-20 School Year	April, 2019
Staff Develops Action Plan Based on Steering Committee Recommendations	May, 2019
Report 2019-20 School Year Action Plan to Board	June, 2019

Three Tiers of Support

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 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. 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. 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> Identify additional people for Steering committee. Schedule 4 meetings for the year. Hire intervention leads for all sites. Establish a professional development plan and PLC schedule. Contract with mental health provider to provide mental health services at all sites. Look at a change in organization to build capacity for grant writing. (cost neutral) Develop a three year fiscal plan.

Coordinated Practices

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 1. Improved coordination with outside agencies is needed so it is not fragmented and is more efficient. 2. Consistent curriculum and programs are needed across the district and within schools to address the social emotional needs of students. 3. Improved collaboration and coordination among partners is needed to share best practices and to include non-clinical partners, such as teachers. 	<ol style="list-style-type: none"> 1. 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. 2. Clarify roles and responsibilities for all providers addressing the mental health needs of students, including outside providers (an MOU may be needed). 3. Improve coordination and collaboration among partners across the district and establish a protocol for sharing best practices and successes. 	<ol style="list-style-type: none"> 1. Create organizational chart for all schools with an explanation roles and how they relate to the different tiers. 2. All schools develop menu of intervention options with entrance and exit criteria. 3. Ensure everyone is holding COST meetings and communicating out the results of decisions to the school community. 4. Adopt tier two math, language arts and social emotional curriculum. 5. Train all intervention leads on all the curriculums 6. Establish PLC's for PBIS leads, Intervention leads for site leads to share best practices and have common PD.

School Wide Responsibility

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 1. 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. 2. Internal communications need improvement to better coordinate services. 3. 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 	<ol style="list-style-type: none"> 1. 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. 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. 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. 	<ol style="list-style-type: none"> 1. PBIS handbooks implemented at every site. 2. Common procedures used at all the school sites. 3. Create organizational chart for all schools with an explanation roles and how they relate to the different tiers. 4. All schools develop menu of intervention options with entrance and exit criteria. 5. Ensure everyone is holding COST meetings and communicating out the results of decisions to the school community. 6. Adopt tier two math, language arts and social emotional curriculum. 7. Train all intervention leads on all the curriculums. 8. Establish PLC's for PBIS leads, Intervention leads for site leads to share best practices and have common PD. 9. Common rubric used to establish MTSS implementation and PBIS implementation. Sites provided with feedback and action planning tools.

District Capacity

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 1. 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 2. Some sites feel that PBIS and MTSS are strong, and others do not feel that way 3. District-wide protocols for behavioral health crises do not exist. 	<ol style="list-style-type: none"> 1. Establish/refine 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 mental health initiatives at the site level. 3. Continue to focus on district-wide training and implementation of MTSS, PBIS, COST, and Social emotional Learning. 	<ol style="list-style-type: none"> 1. Hold district wide getting to know MTSS night for parents. 2. Provide district created handouts that explain COST, MTSS, PBIS and Restorative practices. 3. Post all information on the website. 4. Create district wide MTSS handbook. 5. Continue to train on the district wide referral process for COST. 6. Monitor data to see which schools are inputting data, provide the school that are not with additional support. 7. Provide professional development to sites to support the implementation of the action plan.

Cultural Competence

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 1. Building cultural competence across all schools and all classrooms is needed. 2. 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. 3. Students, staff, and families feel that there is a need for a more diverse staff. 4. The curriculum needs to be more culturally responsive. 	<ol style="list-style-type: none"> 1. Develop a multi-pronged approach to building stronger connections with all families, especially our families of color who often feel marginalized. 2. 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. 3. Provide training and clarify implementation expectations for staff/adults related to restorative practices. 4. 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. 	<ol style="list-style-type: none"> 1. Start three year PD cycle for all AUSD staff on Facing History and Restorative Practices 2. Train all new principals and assistant principals on Suspension and expulsion protocols. Look at data monthly to identify patterns. Address patterns with action planning at each site. 3. Continue to train on PBIS and restorative practices. Implement circles in all classrooms as a standard for building a welcoming community.

Access to School Based Health Center

Key Findings	Recommendations	Action Plan
<ol style="list-style-type: none"> 1. The goal to maximize use of the health center by students has not yet been met. 2. Communication, coordination, and integration between the SBHC and the high schools are in need of improvement. 3. Many staff indicated that they did not know about the health center 4. 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 	<ol style="list-style-type: none"> 1. 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. 2. 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). 3. Provide staff training regarding concerns and issues identified by families that represent barriers to accessing services. 	<ol style="list-style-type: none"> 1. Monthly meeting with head of SBHC's to develop plan. 2. Monitor referral data to find patterns that can be addressed in the informational campaign. 3. Continue to provide training to all site personal on what the SBHC offers and how to refer students to it.

Tier I Budget

Current Budget	
Tier I	
Hourly for teaming meetings	\$25,800
PBIS supplies	\$5,700
School Psychologist	\$78,844
Program Manager Tier 1/2	\$97,142
PBIS lead stipends	\$12,750
Total	\$220,236

Fully Implemented Budget	
Tier I	
SEL curriculum	\$100,000
Hourly for teaming meetings	\$25,800
PBIS supplies	\$5,700
PBIS/SEL/RP subs/hourly	\$75,000
School Psychologist	\$78,844
Program Manager Tier 1/2	\$97,142
PBIS lead stipends	\$12,750
Total	\$395,236

Tier II Budget

Current Budget	
Tier II	
Intervention Leads (6.8 FTE)	\$612,000
Hourly for COST meetings	\$25,800
MFT's (4 FTE)	\$360,000
Program Manager Tier 2/3	\$78,844
Total	\$1,076,644

Full Implementation Budget	
Tier II	
Intervention Leads (16.5 FTE)	\$1,485,000
Hourly for COST meetings	\$25,800
MFT's (8 FTE)	\$630,000
Program Manager Tier 2/3	\$78,844
Total	\$2,219,644

Tier III Budget

Full Implementation Budget	
Tier III	Cost
Social Worker (4 FTE)	\$360,000
Total	\$360,000

Questions?