



Alameda Unified School District Behavioral Health Needs Assessment Overview

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Purpose

In the 2017-18 school year, Alameda Unified conducted a comprehensive assessment of the current behavioral health needs of the students it serves.



The purpose of the Needs Assessment 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.

How the assessment was conducted

Several methods were used to obtain information:

- Student focus groups were conducted with:
 - 5th grade students at three elementary schools (one boys group and one girls group)
 - Wood and Lincoln Middle Schools (one boys group and one girls group)
 - Four separate focus groups at Alameda High and Encinal High: African-American (mixed gender group), Boys, Girls, High Achievers (mixed gender group with GPA 4.0 or above)
- Online surveys were given to parents, students, and staff
- Focus groups with adults:
 - Parents
 - School counselors
 - School psychologists
 - AFS therapists based at the school sites
- Data was taken from the California Healthy Kids Surveys (CHKS)

AUSD Mental Health Needs Assessment

The report consists of:

- An **Executive Summary**: summarizes key findings and key recommendations in seven categories:
 1. Three Tiers of Support
 2. Coordinated Practices
 3. School-wide Responsibility
 4. District Capacity
 5. Cultural Responsiveness
 6. School-based Health Center
 7. Other
- Next steps
- A list of no-cost recommendations
- The budget needed to implement the recommendation to address the needs assessment
- References

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 partnership 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 feels 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 building 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 suicidal thoughts.*
- *Students reported problems with drug use and abuse, especially cannabis, alcohol, and vaping.*

Coordinated Practices: Key Findings

- Clarification of roles and responsibilities for all mental health related staff (e.g. Behavior specialist, Psychologist, Interns, Intervention Leads, and COST coordinators) is needed
- Systems of behavioral health support vary by site
- Clarification of the referral 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*

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, and don't know what services are available)*
- *Greater awareness for staff related to the struggles students and families are dealing with; increasing empathy and problem solving approaches 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.)

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

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 (low percent of enrollment, higher percent of students suspended), especially as it relates to African American students and special needs students*
- *For many students it feels that teachers/adults don't really understand what students are going through and thus supports feel inadequate*
- For some students 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

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 (i.e., trust, embarrassment, lack of connection to staff, not knowing where it is, and not knowing the full scope of services)
- *There is a waitlist at the Health Center to service students in need*

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.

AHS and Encinal Behavioral Health Survey Summary

Bullying

- At AHS 48.8% of students surveyed feel a lot or some students are affected by bullying
- At Encinal 44.5% of students surveyed feel a lot or some students are affected by bullying

Drugs and Alcohol

- At AHS 86.8% of students surveyed feel a lot or some students are affected by drug and alcohol use
- At Encinal 62.1% of students surveyed feel a lot or some students are affected by drug and alcohol use

Depression

- At AHS 87.1% of students surveyed feel a lot or some students are affected by feelings of depression
- At Encinal 64.4% of students surveyed feel a lot or some students are affected by feelings of depression

Alameda and Encinal Mental Health Survey Summary

Feeling Worried, Anxious, or Stressed

- At AHS 92.8% of students surveyed feel a lot or some students are affected by feeling worried, anxious, or stressed
- At Encinal 71.6% of students surveyed feel a lot or some students are affected by feeling worried, anxious, or stressed

Feeling Unsafe due to Violence, Fights, or Threats

- At AHS 37.2% of students surveyed feel a lot or some students are affected by feeling unsafe due to violence, fights, or threats
- At Encinal 29% of students surveyed feel a lot or some students are affected by feeling unsafe due to violence, fights, or threats

Alcohol and Other Drugs (AOD) on the 2016-2017 California Healthy Kids Survey (CHKS)

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 the continuation high school.
- Chronic sadness and hopeless feelings were alarmingly high at all grade levels ranging from 21% to 35%.
 - 14% of 9th graders and 21% of students at the continuation 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.

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

What are the biggest unmet behavioral health needs?

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.

What are the biggest unmet behavioral health needs?

Focus Groups indicated (cont...):

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.

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.
- 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).

Already planned...

Steering Committee Meetings:
November, February, March and May

School Site Presentations:
October – January

Community Presentations:
Alameda Family Services,
Alameda Youth Collaborative,
Alameda Commission on
Disabilities, Alameda Social
Services Board, PTAC, and Rotary
**Monthly meetings with Alameda
Family Services**

Presentation to the board:
January and May

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.

Tier I Budget

Currently 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

Currently 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