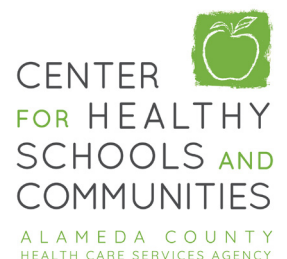




Alameda County School-Based Behavioral Health Model

Creating Nurturing
School Environments



ALAMEDA COUNTY SCHOOL-BASED BEHAVIORAL HEALTH INITIATIVE

A MULTI-DEPARTMENTAL COLLABORATION WITHIN HEALTH CARE SERVICES AGENCY

The School-Based Behavioral Health Initiative was launched in 2009 to create a shared model for building and financing school-based behavioral health systems across Alameda County. The School-Based Behavioral Health Initiative brings together two divisions within the Alameda County Health Care Services Agency: Behavioral Health Care Services and the Center for Healthy Schools and Communities. Thank you to the Initiative Leadership Team, and the many providers, schools, school districts, and young people who engage in this critical work every day, and have contributed to the development of Alameda County's School-Based Behavioral Health Model and Spotlight Practices.

A publication of the Center for Healthy Schools and Communities | Alameda County Health Care Services Agency

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School Environments

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School-Based Behavioral Health Model

Behavioral health problems affect a significant number of children and youth currently attending our schools. In the course of a year, about one in five young people in the U.S. experience symptoms of a behavioral health problem, and when including the results of trauma, these numbers are even higher. Studies show that roughly two-thirds of the general population has experienced at least one traumatic childhood event¹ and the rates for young people living in low-income, urban communities of color can reach a staggering 70% to 100%.²

Why School-Based Behavioral Health Matters

This prevalence of both behavioral health symptoms and the more specific effects of trauma can have a profound impact on young people's lives, interfering with their ability to perform normal tasks, such as engaging in school work, establishing healthy interpersonal relationships, and transitioning to adulthood. We know now that trauma impacts brain development and can interfere with cognitive processes, including concentration, memory, and language abilities that children need to function well in school.³ It also frequently affects emotional regulation in ways that make learning extremely difficult, causing students to spend much of their time in a “flight, fright, or freeze” mode⁴, acting out in a disruptive way, or becoming withdrawn and distracted. These behavior challenges can result in significant disciplinary consequences, as students who have experienced trauma are suspended and expelled at twice the rate of other students⁵ and 75% of high school students diagnosed with an “emotional disturbance” have been suspended or expelled at least once⁶. Given the significant number of students struggling with these issues and the grave consequences of their struggles going unrecognized and untreated,

it is vital that districts and schools have systems in place to support a student's behavioral health if they are to successfully educate all students.

Yet, school districts cannot do this alone. Developing systems to promote social-emotional development and learning at the district level and each school site requires partnership from the behavioral health field. The entire network of providers – city and county health departments, community mental health providers, substance abuse and prevention programs – is needed to create school environments that can support all students. This type of school-based behavioral health system also requires a shift in perspective from the behavioral health field. A shift from reactive toward proactive, from illness toward wellness, and from working with a small number of students toward supporting the entire school community.

In Alameda County, we have developed an innovative county-district-provider partnership that has expanded universal access to behavioral health supports, and built the capacity of schools and districts to promote social-emotional development and learning. While some of it is unique to our county, we believe it can inform similar efforts nationwide.

This model, and all of our resources, are publicly available on our website at achealthyschools.org

Our Model

For almost two decades, Alameda County's Center for Healthy Schools and Communities has partnered to develop school health initiatives that eliminate health and education disparities and support the whole child. Our vast network of partners includes the county's school districts, other public agencies, community based providers, youth and families, and policymakers.

In 2009, the county launched a School-Based Behavioral Health Initiative, bringing together two divisions within the Alameda County Health Care Services Agency to create a shared model for building and financing

school-based behavioral health systems across the county. We have since taken the initiative to scale, investing over \$25 million annually in behavioral health systems in all 18 school districts at over 170 schools.



The Heart of SBBH

Our model for a school-based behavioral health system is oriented around prevention and wellness. It provides support for students, and it also builds the capacity for all adults in their lives to address social-emotional needs at school and at home.



What is a School-Based Behavioral Health “System?”

We define a school-based behavioral health (SBBH) “system” as the infrastructure, programs, and relationships within a school and district that promotes the healthy social-emotional development of all students and addresses behavioral health-related barriers to learning. It also includes

critical wellness supports for a thriving and successful culture of student wellness.

Our SBBH model defines six core components of an effective SBBH system, which are supported by a set of foundational elements common to all activities of the Center for Healthy Schools and Communities. Together, the core components and foundational elements make up a comprehensive system that can support the success

of students and their schools, and that can endure the inevitable transitions within schools, districts, and partner agencies.

The core components are:

- **Three tiers of support** that include universal prevention and promotion of positive school climate, early intervention for students with behavioral health challenges, and intensive intervention services.
- **District capacity** to support the implementation, ongoing improvement, and sustainability of the health and wellness system, with a focus on SBBH.
- **Cultural responsiveness** that honors the culture of students, families, and the community. This results in supports and services tailored to the unique needs of those served.
- **Coordination strategies** at the district level and at individual school sites to ensure that resources are accessible, effective, and allocated where they are needed most.
- **School-wide responsibility** whereby everyone within a school, from teacher-to parents-to students-to providers, plays a role in supporting the social-emotional health of all students.
- **Ongoing assessment** to understand the needs and strengths of students and those who support them, followed by action.



Core Components

Each of the six components has best practices for implementation at both the school and district level. We support our schools, districts, and providers in making these practices a reality, and institutionalizing them into a coordinated system.

1. Three Tiers of Support

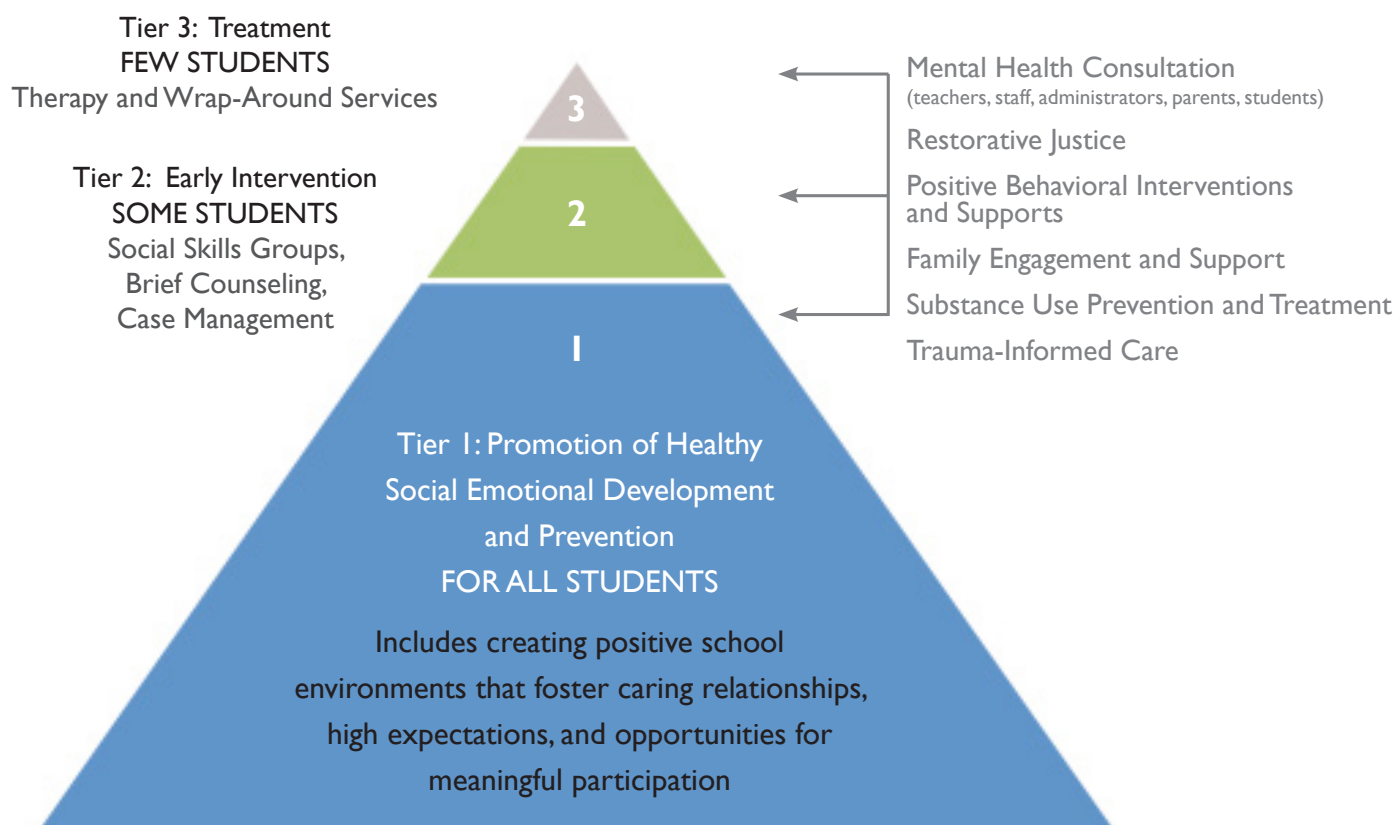
In the past, the approach to behavioral health was to provide counseling almost exclusively to those students who struggled significantly with their behavior. Our model uses a three-tiered continuum of support that is proactive, addresses needs early, and promotes behavioral health for the entire school population. It brings together the health framework of “prevention, early intervention, and treatment” and the Response to Intervention (RtI) model commonly used by districts to design and track academic and behavioral supports.

As shown in Figure 1, a comprehensive SBBH system includes

programs and services across three tiers. The base tier is prevention focused – creating positive school environments that promote healthy social-emotional development. This level includes activities designed for all students and adults in a school setting, such as restorative justice, training on trauma-informed practices, and school climate efforts. The second tier involves prevention and early intervention services targeted to students at risk of school failure. This level might include group counseling, or consultation with teachers and parents.

The third tier is intensive intervention for students with behavioral health issues requiring individual treatment.

Figure 1. Three Tiered Continuum of Support



2. District Capacity

The social-emotional health and wellness and academic success of students are closely linked. Transforming the way we support student success and wellness takes innovation, focus, and deep partnership between the education and health sectors.

Behavioral health partners can play an essential role in creating school environments that support all students to be successful by providing everything from direct support to coordination of services to professional development. However, to have real and lasting impact, districts must have the capacity to develop these dynamic partnerships and implement a school-based behavioral health system.

Therefore, we established seven key functions to be held at the district level to ensure the success and

sustainability of the entire SBBH system. Since coordination of a complex system is always challenging, ideally these functions are held by one person – a behavioral health lead. They can be shared by a team, but it is critical that the behavioral health lead work directly with district leadership, and be given the authority to work with the school sites to implement SBBH policies and programs. These key functions are based on lessons learned from our district-level behavioral health leads or district health and wellness leads.

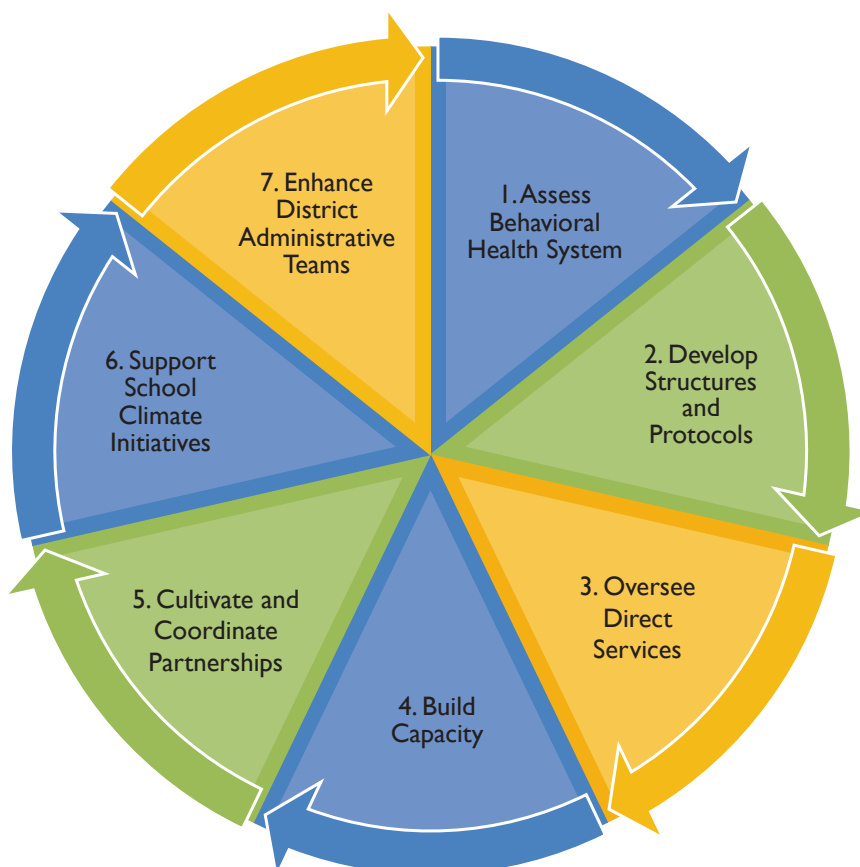


Health and Wellness Leads

Health and wellness leads can be CHSC employees embedded in the district or can be hired from the district (with CHSC support). This role has evolved from a focus on behavioral health supports alone to a broader focus on health and wellness. These leads now oversee the development and implementation of an integrated system in the district. This has resulted in greatly expanded health supports for students, families, and schools.

Learn more from our spotlight on Building District Capacity.

Figure 2. Key Functions for Building District Capacity



Key Functions of a District-Level Behavioral Health Lead

Function	Description
1. Assess District Behavioral Health System Learn more from our spotlight on SBBH Assessment	Assess the school district's behavioral health (BH) supports, systems, and unmet needs. This assessment identifies priorities not only for direct services, but also for the BH infrastructure needed at the school and district levels. It is also a powerful strategy for engaging district leadership and key stakeholder groups in a process that builds their interest and involvement in developing BH services and systems. This assessment might be part of a larger health and wellness assessment.
2. Develop Structures and Protocols Learn more from our COST Toolkit	Ensure that there are strong systems in place so that BH programs and supports can be implemented effectively. System strengthening can include developing appropriate crisis response or mandated reporting protocols if these systems are not already in place. A primary focus of the function is establishing and strengthening the coordination of services through the Coordination of Services Teams (COST).
3. Oversee Direct Services	Provide supervision and/or coordination of direct SBBH services to ensure quality. The primary piece of this function is to oversee social work interns by, for example, placing them appropriately, and working with administrators to integrate them into the school. Ensure that they receive training and supervision.
3. Build Capacity of School Staff and Caregivers	Provide relevant training, coaching, and resources for school staff and families. This involves educating districts and school communities about the vital relationship between emotional well-being and the ability to learn. Provide more focused professional development on BH issues such as trauma and resiliency, and provide individual coaching and support.
5. Cultivate and Coordinate Partnerships	Foster partnerships with county, city, and community-based organizations in order to fill in gaps in health and wellness services and systems. This is ongoing work, both developing new partnerships and strengthening existing ones to ensure that services are aligned both with district priorities and with the SBBH Model.
6. Support School Climate Initiatives Learn more from our spotlight on School Climate	Work to create school climates which are conducive to learning and the social-emotional well-being of the entire school community. This frequently involves directly leading or coordinating school climate initiatives, such as Restorative Justice or Positive Behavior Intervention and Supports. BH leads are always working to increase buy-in from all members of the community (from students to principals to cafeteria workers). Troubleshoot the implementation of school climate efforts.
7. Enhance District Administrative Team	Bring behavioral health experience and perspective to the professional learning community throughout the district, including School Attendance Review Board (SARB) teams, school climate planning teams, and district initiatives regarding learning and wellness.

Honoring the culture and background of students, families, and communities is crucial to providing effective care and reducing disparities in health and academic success. Cultural responsiveness signifies “the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.”⁷

Our SBBH Initiative has adopted the Standards for Cultural Competence in Social Work Practice by ensuring that we develop and deliver culturally responsive, school based programs. There are ten standards that we promote in our model: (1) ethics and values, (2) self-awareness, (3) cross-cultural knowledge, (4) cross-cultural skills, (5) service delivery, (6) empowerment and advocacy, (7) diverse workforce, (8) professional education, (9) language diversity, and (10) cross-cultural leadership. For more information, see NASW Standards for Cultural Competence in Social Work Practice, www.naswdc.org/.



4. Coordination Practices

We bring health and wellness resources into the schools with the goal of providing universal access for students. Yet, given the significant needs across all tiers of the continuum, it is critical that these supports are well coordinated. This ensures resources are allocated where they are most needed, and that supports are accessible to students, families, and schools.



A SBBH system has coordination practices and structures at the district level and at individual school sites. One critical piece of this infrastructure is having dedicated leads for behavioral health supports. As discussed under “District Capacity” earlier in this document, the behavioral health lead holds the big picture for services and supports, both on the ground, and at the systems level. School sites also require an identified leader who holds an overview of how students, families, and school staff access supports at each tier of the continuum.

However, creating schools that support social-emotional wellness is not the job of a single staff member or provider. Schools need teams that hold responsibility for providing access to the full continuum of supports. One strategy for this is the Coordination of Services Team, or COST. COST manages and integrates learning supports and resources for students, including behavioral health services. COST enables a

school to identify and address student needs holistically, ensuring that the overall system of supports works together effectively. COST consists of a multidisciplinary team of school staff and providers who:

- Create a regular forum for reviewing the needs of individual students and the school overall
- Manage a centralized, easy-to-use referral system
- Collaborate on linking referred students to resources and interventions
- Assess the “landscape” of academic and social-emotional needs, trends, and supports
- Identify ways to improve the allocation of resources to promote academic success and positive social-emotional development for all students.

Learn more from our COST Toolkit.

5. School-Wide Responsibility

Shifting the emphasis of behavioral health from reactive to proactive involves the entire school community.

When the entire school community is supported and working in concert to create a positive school climate, all students are able to thrive and succeed. This does not mean that everyone on the school campus becomes a behavioral health expert. On the contrary, sometimes teachers and principals need consultation with behavioral health experts to resolve challenges they are having with students and to create a learning environment that works for each and every student.

What it does mean is that the system will not work well unless the school staff and other members of the school community are engaged and participating in the process. This participation will vary depending on the adult's needs but it could include attending trainings on how to identify and refer students for behavioral

health services, implementing restorative justice or other Tier I activities in the classroom. Or it could include taking part in a mental health consultation to help more effectively manage student behavior. School-wide responsibility also means that parents and students are regularly informed about the SBBH system, including how to access services. They play a role in designing and implementing strategies to improve school climate, and provide input on the quality of the school environment, the effectiveness of health and wellness supports, and ongoing needs.

These types of school-wide activities strengthen the SBBH system while building the capacity of the staff, providers, and families to work more effectively with students by supporting their social-emotional needs, and strengthening relationships throughout the school.



Social-Emotional Health Matters

Social-emotional health is a critical ingredient for learning. All students deserve support, whether for a specific behavioral health need, the impact of trauma, or just a bad day. When schools are able to support a student's positive social emotional development, all students are better able to thrive academically and graduate ready for success in college and in their career.

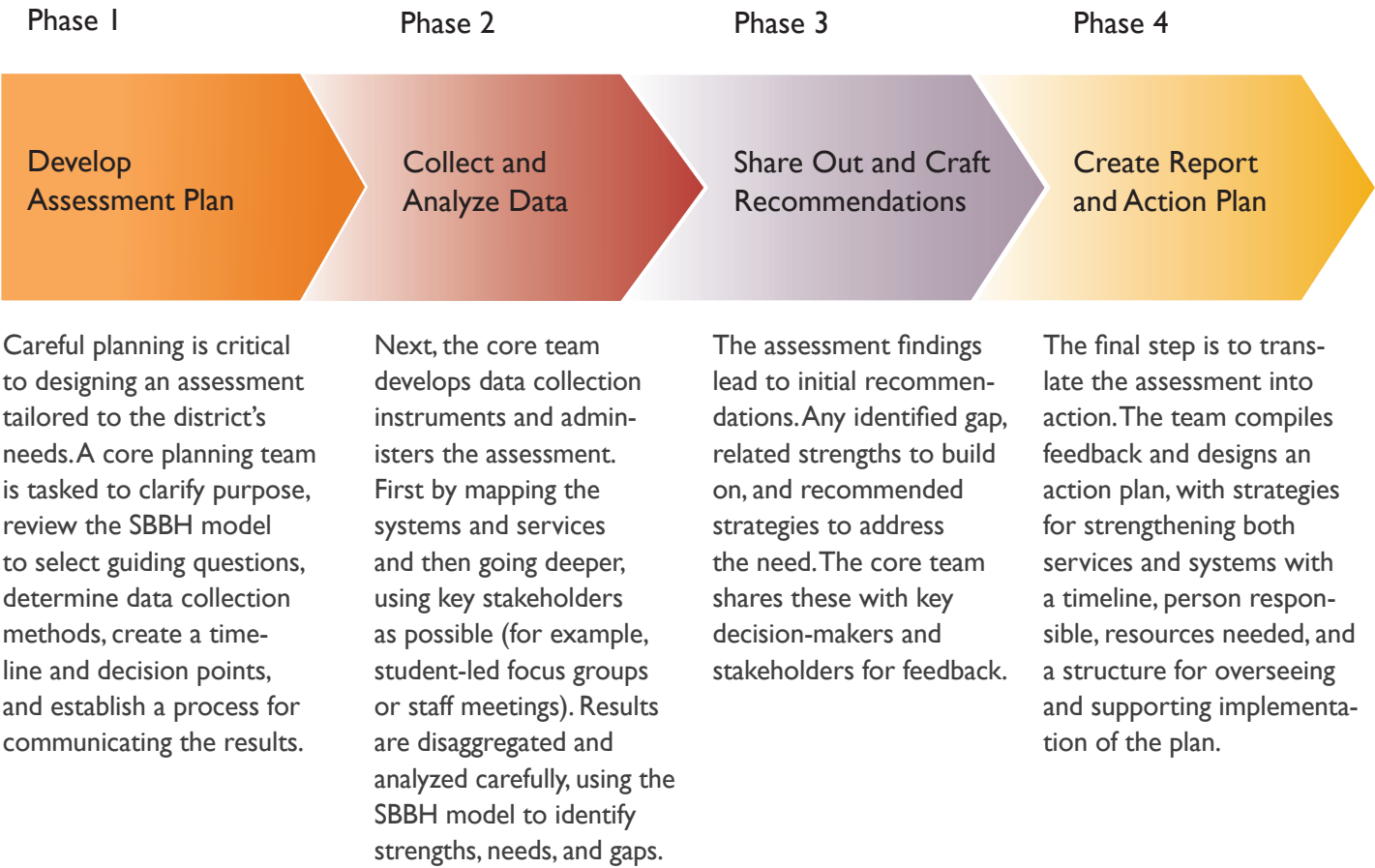
6. Ongoing Assessment

Understanding the needs and strengths of students and those who support them is critical to creating a behavioral health system that promotes social-emotional and academic success.

Assessment is the first step in creating a SBBH system, as it helps identify system priorities at the school site and district level. Over the long term, assessment is a means of strengthening behavioral health supports, informing decisions about new resources and partnerships and improving the overall system. Assessment is also a proven strategy for engaging key partners and stakeholder groups who

will be instrumental in implementing behavioral health priorities once the assessment is complete (for example, administrators, teachers, students, families, and service providers). Assessment of a school-based behavioral health system is a four-step process, as outlined in the table below. Learn more from our Spotlight on SBBH Assessment.

Figure 3. School-Based Behavioral Health Assessment Process





School-Based Behavioral Health Model: Mimi's Story

Mimi was born to an eighteen-year-old mother who had struggled her whole life to make the best of her challenging circumstances. As a baby, Mimi lived with her mother in a subsidized apartment in an area with rampant crime, unsafe parks, and limited access to public transportation. Her mother lost custody when Mimi was four-and-a-half. A neighbor found Mimi alone in the apartment - filthy and crying. Mimi was placed permanently with her grandmother, and seven months later she started kindergarten. Given her traumatic early childhood, Mimi's story could have been a sad one – even tragic. Yet, Mimi was fortunate to go to a school district that recognized social-emotional wellness as a critical ingredient for success.

When Mimi entered kindergarten, her teacher noticed right away that she was having problems following the rules and getting along with the other kids. She frequently “acted out” and sought attention in any way she could get it. She was also struggling with learning her letters. So Mimi's teacher reached out to her grandmother, shared the strengths she had noticed in Mimi, explained the challenges, and asked her grandmother how they could work together to support Mimi. In addition, she referred Mimi to the Coordination of Services Team (COST) at the school. Through COST, Mimi was enrolled in the after-school program for social and academic support, given a special book bag to support reading at home, and joined a friendship group run by the school counselor. The adults in Mimi's life also received support. The school social worker provided her teacher with behavioral health coaching focused on classroom strategies for promoting Mimi's positive development and managing challenging behaviors. Recognizing the difficulties of single parenting, especially by a grandparent with limited income, the social worker periodically visited Mimi and her grandmother at home to hear how they were doing and offer support. She engaged Mimi's grandmother in a support group for family caregivers where she developed relationships that were invaluable as Mimi progressed through her education.

Over time, Mimi's behavior and relationships with the other students improved. She developed friendships with a few students and a strong, positive relationship with the afterschool coordinator. Her behavior was not perfect, and could still be a source of agitation for her teachers, but her teachers were mindful so that the agitation did not define their relationship. They sought consultation from the social worker and peers, and used a restorative justice approach to discipline. As a result, even though Mimi got in trouble from time-to-time, she felt cared about, and like she really belonged at the school. By the end of fifth grade, she had made considerable progress both academically and socially, and felt nervous but ready for middle school.

Mimi's story does not stop there. During the course of her K-12 education, she experienced trauma and loss. The death of her mother, the murder of a close friend, transitions to new schools, and the everyday challenges of growing up. However, throughout it all, school was a constant, protective factor in her life. Her school district, through partnerships with health providers and a commitment to serving the whole child, had systems in place that could support both Mimi and her grandmother. By the 12th grade, Mimi was a health educator at her school, on track to graduate, with plans to pursue a nursing career.



Foundational Elements

Our model relies upon a set of foundational elements that are essential for the growth, impact, and long-term stability of any school health initiative. For a SBBH system, these foundational elements are the backbone upon which we build and enhance supports in schools and districts.

Transformative Leadership

Thinking and Acting Beyond Boundaries

Implementing a SBBH system is a challenging endeavor that requires bold leadership. Leaders at all levels – principals, students, providers, superintendents, policymakers, funders – must shift from reactive to proactive thinking, and engage the whole school community in the process. We promote transformational leadership across the SBBH system by:

- Developing and supporting district leadership that embraces social-emotional wellness as a critical ingredient for student success
- Using an assessment approach that explicitly builds and sustains the involvement of diverse stakeholders in developing behavioral health services and systems
- Building a staff and community culture where attending to student and family social-emotional needs is unquestioned.

Capacity Building

Strong Organizations, Strong People

Investing in the capacity of individuals and organizations strengthens their ability to manage change and support young people's healthy development. We build the capacity of all stakeholders in the SBBH systems by:

- Providing training, coaching, and consultation for school staff, administrators, service providers, and community members
- Developing toolkits in areas such as the Coordination of Services Teams, SBBH needs assessment, and crisis response.
- Facilitating learning communities where school-based providers share success and troubleshoot challenges.

Dynamic Partnerships

Deep Collaboration Creates Deeper Impact

When schools and behavioral health partners come together around a shared vision of student wellness and success, their collective impact is greater than individual organizations acting alone. Effective school-based behavioral health systems are complex, and involve expertise and resources from a variety of disciplines. We facilitate the dynamic partnerships that underlie a SBBH system by:

- Providing a model that aligns school and behavioral health partners around a common vision and priorities.
- Nurturing and supporting cross-system partnerships for long-term sustainability.
- Co-creating formal agreements at all levels with clear expectations and commitments.

Equity Lens

Each and Every Child Gets What They Need to Thrive

Our SBBH model applies an equity lens by identifying the underlying causes of inequity in schools, embracing cultural humility, and engaging groups whose voices are not traditionally heard. We apply an equity lens to the development and implementation of SBBH systems by:

- Continuously striving to understand the lived experience, opportunities, and social-emotional realities of the diverse populations of students and families we serve and by designing programs and services with their full participation.
- Disaggregating data to evaluate our impact, and to ensure that supports are reaching the students and families who need them the most.

Infrastructure and Integration

Integrating Wellness as a Condition for Student Success

Schools and districts make sure that all students, regardless of ability, get what they need to succeed. This requires an infrastructure that aligns siloed health and wellness efforts and integrates them into the academic program.

We work with districts to build and integrate key components of this infrastructure, such as: a multi-tiered system of supports (MTSS); coordination of services teams (COST); and district- and school-wide policies and practices that integrate the behavioral health work as part of, and not separate from, the district's core work.



The Power of a Common Framework

When we first began working with school districts and providers around school-based behavioral health (SBBH), quality and impact varied significantly across schools and districts. We created a framework for SBBH that combined models and language from both the education and behavioral health fields. For example, it built on each of the district's Response to Intervention (RtI) triangles to define the three tiers of behavioral support: prevention, early intervention, and treatment. This created a common reference point for educators, providers, and funders.

As a result, school districts were able to incorporate the SBBH work into their strategic plans, and begin to build their capacity to support the work. A number of our districts now have health and wellness lead positions at the district level, and have allocated resources to social-emotional learning, training, and initiative, all of which are supported by their providers.

Developing a common framework also focused our capacity building efforts countywide. We used the framework as the basis for trainings, coaching, and technical assistance. Providers strengthened their understanding of best practice in school settings, and districts expanded their ability to partner and support SBBH work. This increased alignment and capacity has contributed to the positive outcomes we have seen across the SBBH Initiative.

Focus on Impact

The Destination Defines the Journey

Successful initiatives define and track their progress toward clear results and make mid-course adjustments. We promote a results focus in SBBH systems by:

- Developing a results framework and comprehensive evaluation of our countywide initiative
- Reviewing real-time data with districts and providers, and adjusting services to better meet student and school needs

Smart Financing

Sustainability Starts on Day One

Holding financial sophistication and having a multi-pronged approach to financing is key to growth and sustainability. We have built out SBBH

systems with school districts across the county by applying smart financing strategies, including:

- Blending funding across public departments to secure foundational resources
- Implementing revenue-generating strategies, including third-party billing
- Leveraging partnerships and resources across public, private, and non-profit sectors

Stakeholder Engagement

All Stakeholders Have a Voice

All staff, students, caregivers, partners, and district leaders are informed and given the opportunity to engage in planning and implementation of school health efforts, i.e., providing input and feedback, serving on planning and advisory committees, becoming trainers and ambassadors, and leading implementation.

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Smart and Collaborative Financing

Building a comprehensive system of school-based behavioral health supports can be tricky, and requires access to a wide variety of funding streams. Neither school districts nor local jurisdictions have the resources to do it alone. Since different institutions have access to different funding streams, collaboration and smart financing is a must. As a county health department leading this work with all of our school districts, we have established a core, sustainable investment within our health agency. We utilize that as a match to access larger public and private funding streams. Some of these major sources include: Medi-Cal, California Mental Health Service Act, philanthropy, and school district resources. Over time, we have built out a county-wide initiative of over \$25 million in services and supports, of which only \$5 million comes from county sources.

Learn more from our spotlight on Smart Financing for School-Based Behavioral Health.

About Us

As part of Alameda County Health Care Services Agency, the Center for Healthy Schools and Communities (CHSC) has worked for over 20 years with school districts, community partners, youth, families, and policymakers to build school health initiatives that create equitable conditions for health and learning. Together we have developed 28 school health centers, expanded behavioral health supports to over 190 schools, built and lead operations of the REACH Ashland Youth Center, supported youth wellness and family partnership initiatives, and implemented targeted equity strategies for youth furthest from opportunity. Our school health programs and partnerships address urgent health and education inequities and create opportunities for all young people to cultivate their strengths, resiliency, and promise. We focus on supporting the physical health of students – knowing that students can't learn if they are sick, hungry, or absent from school. But we also focus on other aspects of wellness that youth and families need to thrive: social, emotional, spiritual, intellectual, environmental, and occupational. For more information about CHSC's work, please visit our website at achealthyschools.org



How It Works

Look for the School Health Works icon anywhere on the CHSC website to find resources, tools, guides, and videos to help health and education leaders to build school health initiatives.

achealthyschools.org/resources