

## **PARTNERSHIP BETWEEN TUHSD and the California School-Based Health Alliance:**

TUHSD became a member of The California School Based Health Alliance (CBHA) in Fall 2014 and the Wellness Director has been working closely with the Alliance receiving one on one technical assistance and consultation.

The California School-Based Health Alliance is a nonprofit organization dedicated to improving the health and academic success of children and youth by advancing health services in schools. CBHA's work is based on two basic concepts:

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

CBHA is working toward a future when all students have access to the health services they need to be successful in school. School health services include programs such as, school nurses, comprehensive school health centers, mental health/counseling and dental programs.

Specifically, Jessica Colvin, Wellness Director and Alicia Rozum, CBHA Project Director of Mental Health, worked together with Wes Cedros, Senior Director of Student Services to conduct a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis of TUHSD related to health and wellness infrastructure, supports and services on campuses. Jessica and Alicia have previously worked together within the SFUSD Wellness Initiative for 11 years and came together to map out the wellness related resources and needs of TUHSD. Please see page 2 for the SWOT Analysis.

<b>STRENGTHS</b>
<i>Coordination, Staffing, and School Teams</i>
<ul style="list-style-type: none"> <li>District has established coordination of services team structure (Case Review Team) with broad participation, including counselors, assistant principal, school psychologists, special education, and BACR therapists. Wellness team members can be easily integrated into this structure.</li> </ul>
<ul style="list-style-type: none"> <li>District has additional teams to coordinate services for specific students, including truant students (SARB) and students referred to Special Education (Assessment Planning Team); District has team structures for connecting with teachers (Professional Learning Communities) and counselors (Counseling Department Meetings).</li> </ul>
<ul style="list-style-type: none"> <li>Wellness Advisory Board established, including representatives of administration, district leadership, teachers, students, parents, other school staff, and community members.</li> </ul>
<ul style="list-style-type: none"> <li>School Psychologist role in the schools goes beyond testing to include mental health counseling and consultation.</li> </ul>
<ul style="list-style-type: none"> <li>School Counselors offer counseling and support to students.</li> </ul>
<ul style="list-style-type: none"> <li>District has established partnership with community-based organization, Bay Area Community Resources, for direct mental health service provision.</li> </ul>
<i>Training and Health Education</i>
<ul style="list-style-type: none"> <li>Teachers have dedicated time for professional development and training.</li> </ul>
<ul style="list-style-type: none"> <li>Teachers have participated in some mental health trainings, including Crucial Conversations and Question/Persuade/Refer trainings (QPR).</li> </ul>
<ul style="list-style-type: none"> <li>PTSA organizes health and wellness-focused presentations, and is working with Wellness Director to offer presentations and to secure dynamic presenters.</li> </ul>
<ul style="list-style-type: none"> <li>School Psychologists have attended Cognitive Behavioral Therapy training.</li> </ul>
<ul style="list-style-type: none"> <li>All 9<sup>th</sup> grade students have Social Issues class that addresses health and wellness topics.</li> </ul>
<ul style="list-style-type: none"> <li>Peer Resource class focuses much of their work on health and wellness education; and works with School Psychologists to offer “SOS,” a suicide prevention program for 9<sup>th</sup> graders.</li> </ul>
<ul style="list-style-type: none"> <li>TUHSD partners with the Family Service Agency to conduct Teen Screen for 10<sup>th</sup> graders</li> </ul>
<ul style="list-style-type: none"> <li>Schools have conducted some school-wide outreach events, including “Every 15 Minutes”.</li> </ul>
<i>Referrals, Outreach and Direct Services</i>
<ul style="list-style-type: none"> <li>Most adults on campus are aware of how to make a mental health referral to BACR.</li> </ul>
<ul style="list-style-type: none"> <li>Students and families are referred to mental health services through counselors, teachers and administrators.</li> </ul>
<ul style="list-style-type: none"> <li>Students have access to conflict mediation services through Dynamic Solutions for Youth.</li> </ul>
<ul style="list-style-type: none"> <li>District offers a variety of direct mental health services to students through BACR</li> </ul>

therapists and interns, including behavioral health counseling, general counseling, case management and crisis intervention.

<b>WEAKNESSES</b>
<i>Coordination, Staffing, and School Teams</i>
<ul style="list-style-type: none"> <li>• The Case Review Team (CRT) is very large and only meets bi-monthly. Some concerns about confidentiality, consistency and utilization of this team structure to support students of concern.</li> </ul>
<ul style="list-style-type: none"> <li>• Current health and mental health staff is insufficient to meet the health and mental health needs of students.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited knowledge of community-based health and mental health services and how to navigate these services among school staff.</li> </ul>
<i>Training and Health Education</i>
<ul style="list-style-type: none"> <li>• Teachers and school staff have not received training in critical mental health topics that would assist them in creating a more positive school climate and making appropriate mental health referrals.</li> </ul>
<ul style="list-style-type: none"> <li>• All students/grade levels are not receiving tier 1 universal services, including mental health education, stigma reduction, substance abuse prevention, reproductive health services, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Alternative school staff and students need specialized health and mental health training and resources.</li> </ul>
<ul style="list-style-type: none"> <li>• Limited time available for teachers to participate in health/mental health-related training.</li> </ul>
<ul style="list-style-type: none"> <li>• Academic focus of school could prevent class-time participation in school-wide health education activities and limit access to health-related classroom presentations.</li> </ul>
<i>Referrals, Outreach and Direct Services</i>
<ul style="list-style-type: none"> <li>• The only school-based support services are tutoring and individual therapy. The district does not offer group services, alcohol/other drug counseling, or prevention/ early intervention services (tiers 1 and 2).</li> </ul>
<ul style="list-style-type: none"> <li>• Difficult to release students from class for individual and group services.</li> </ul>
<ul style="list-style-type: none"> <li>• Most students are not aware of available mental health services and do not understand the referral process. There is no direct outreach to students by BACR.</li> </ul>
<ul style="list-style-type: none"> <li>• The district lacks protocols to ensure follow up with teachers or other adults who referred students to services; coordination of care between healthcare providers and school staff; and re-entry plans for students who have been suspended, hospitalized, etc.</li> </ul>

<b>OPPORTUNITIES</b>
<i>Coordination, Staffing, and School Teams</i>
<ul style="list-style-type: none"> <li>Enhance functioning of CRT, including streamlining referrals, interventions, and outcomes; establishing clear confidentiality procedures; and increasing site based and community referrals and follow up.</li> <li>Build partnerships with community-based health and mental health providers to increase <u>referral sources</u> for students and families.</li> </ul>
<i>Training and Health Education</i>
<ul style="list-style-type: none"> <li>Prepare and conduct teacher trainings on relevant topics including: working with stressed out students; risks and benefits of social media; making mental health and substance abuse referrals; culturally sensitive pedagogy and classroom management; and creating a positive classroom environment.</li> <li>Diversify teacher/staff training modalities to include department-specific trainings; brown-bag lunch discussions; online content; and shorter trainings more often.</li> <li>Increase partnership with PTSA and collaborate to provide meaningful, timely adolescent health and wellness presentations to families.</li> <li>Explore partnership with Marin County Office of Education for health and mental health professional development; curricula; and special student programming.</li> </ul>
<i>Referrals, Outreach and Direct Services</i>
<ul style="list-style-type: none"> <li>Increase tier 1 services, including school-wide health awareness events; community building opportunities; restorative discipline practices; anti-bullying activities; and health and wellness related classroom presentations.</li> <li>Increase tier 2 services, including health services, social/emotional support groups; substance abuse interventions; short-term and drop-in counseling services.</li> <li>Increase and streamline tier 3 services through coordination and an increase in support service providers on campus.</li> <li>Build partnerships with community-based health and mental health providers to increase <u>direct, on-campus</u> services for students and families.</li> </ul>
<i>Funding –</i>
<ul style="list-style-type: none"> <li>Wellness Needs Assessment results show widespread support for Wellness Centers on TUHSD campuses.</li> <li>Support from Redwood Foundation for facility and material needs</li> <li>Marin County Health and Human Services included Wellness Director in a strategic planning meeting; Wellness Centers emerged as a “solution” to many public and social health issues in the county.</li> <li>Department of Health and Human Services is funding community collaboratives and many other related programs, could be funding Wellness Centers in the future</li> <li>Marin General Hospital Community Benefits Grant, Submitted 12/15</li> <li>Mental Health Services Act Innovation Grant – Spring 2015</li> </ul>

- Meeting with Marin Community Foundation – will be working with Donor Advised Grant Services Coordinators

<b>THREATS</b>
<i>Coordination, Staffing, and School Teams</i>
<ul style="list-style-type: none"> <li>• Integration of School Counselors, School Psychologist and BACR into Wellness model.</li> <li>• District needs to refine MOU process with community based organizations and providers.</li> </ul>
<i>Training and Health Education</i>
<ul style="list-style-type: none"> <li>• Difficulty finding time on faculty meeting and PD days to add Wellness related training.</li> <li>• Teachers and other school staff may be resistant to increase health and mental health training.</li> <li>• County Office of Education and other community-based providers may require payment for training or other education services.</li> </ul>
<i>Referrals, Outreach and Direct Services</i>
<ul style="list-style-type: none"> <li>• Diversity in Wellness providers in the area.</li> <li>• Wellness referral and outreach structures may be more complex and initially confusing for teachers, counselors and other school staff.</li> </ul>
<i>Funding</i>
<ul style="list-style-type: none"> <li>• Perception that higher income school districts do not need additional funding to support health and mental health needs of students.</li> <li>• Misconception that access to health insurance equates to access to mental health, substance use/abuse and reproductive health services.</li> <li>• Most community-based organizations have not come forward with funding or in-kind services.</li> <li>• Limited funding through the Department of Health and Human Services.</li> </ul>

**RECOMMENDATIONS**

To have the greatest positive impact, school-based health services should be fully integrated into the everyday functioning of the school by following these best practices:

1. **Wellness services build from and complement a positive school climate.** The school plays a critical role in providing an emotionally supportive environment and the foundation on which students can build the developmental assets or characteristics necessary to thrive. School climate and culture are addressed as part of the local control and accountability plan. Tier 1 school climate interventions, such as anti-bullying programs, school-wide health education, alternatives to suspension, social emotional learning and positive classroom management practices underpin effective health service delivery. With

this strong foundation and emphasis on prevention, school-based service systems are not swamped by crises.

***TUHSD Analysis: The district would benefit from increasing access to universal, Tier 1 school climate programs and services, especially those that address stress management, suicide prevention, alcohol/other drug use, and mental health stigma reduction.***

- 2. Wellness services are available to all students, especially prevention and early intervention services.** Schools make health services available to all students, not just those in crisis, so they can address problems early and prevent the need for more intensive and expensive services later. Early interventions that are easily accessible include support groups, short-term counseling, alcohol and drug counseling and mentoring programs.

***TUHSD Analysis: The district would benefit from enhancing access to Tier 2 prevention early intervention services, such as health education-focused and social-emotional groups, short-term counseling, and substance use/abuse counseling and education.***
- 3. Wellness providers work with school staff in teams.** The school's health professionals are connected to school staff through a multi-disciplinary team such as a CARE Team or the Coordination of Services Team (COST). Struggling students receive the benefit of unduplicated and coordinated case management and referrals.

***TUHSD Analysis: The district has established an effective team-based structure through the Case Review Teams, and would benefit from slightly restructuring these teams to be more efficient and confidential.***
- 4. School-based health providers serve as a resource to teachers and other school staff.** Time for professional consultation between teachers and health professionals is built into the multi-disciplinary team structure so that teachers can build their skill set to support individual students and implement positive classroom management techniques. Wellness staff provides professional development activities related to student mental health topics, classroom management, staff wellness and burn-out prevention.

***TUHSD Analysis: The district will benefit from the daily, accessible consultation and support available through the Wellness team, especially the Wellness Coordinator and Nurse.***
- 5. School districts partner with county and community agencies to provide mental health services.** Schools are staffed with school-based health professionals (i.e. school social workers, school nurses) who also build relationships with and coordinate services from community providers. Districts establish partnerships with county mental health or health services department or other mental health providers to adequately fund and staff mental health service systems.

***TUHSD Analysis: The district would benefit from investing in additional, district-employed health and mental health staff, who can enhance community partnerships, increase available services to students, and advocate for additional funding.***