Spotlight Practice

School-Based Behavioral Health Assessment

Understanding the Behavioral Health Needs, Strengths, and Gaps of Your School District

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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.

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School-Based Behavioral Health Assessment

Introduction

This School-Based Behavioral Health Assessment provides a framework, tools, and resources for assessing and strengthening a comprehensive school-based behavioral health (SBBH) system. We define an SBBH system as the infrastructure, programs, and relationships within a school that promote the healthy social-emotional development of all students and address behavioral health-related barriers to learning. It also includes critical wellness supports for a thriving and successful culture of student wellness.

Overview

Why Do a Behavioral Health Assessment

Understanding the needs and strengths of students and those who support them is critical to creating a health and wellness system that promotes social-emotional and academic success. A well-designed assessment helps identify priorities not only for programs and services, but also for the health and wellness infrastructure needed at the school and district levels.

This asssessment is focussed on behavioral health infrastructure specifically. While the initial assessment is typically a three-to-six month process, it is only the first step in establishing a strategy for ongoing assessment and continuous improvement of behavioral health supports.

A well-implemented assessment is also a powerful strategy for engaging key stakeholders in using and supporting the health and wellness system, namely teachers, students, families, site and district administrators, and service providers. The assessment process provides opportunities to build relationships, credibility, and commitment with key partners and stakeholder groups that will be instrumental in shaping and implementing behavioral health priorities once the assessment is complete.

When to Initiate a Behavioral Health Assessment

- When there is an identified need for behavioral health supports, often as part of a larger needs health and wellness needs assessment or initiative.

Background

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, community-based providers, youth and families, other public agencies, and policymakers.

In 2009, we launched a School-Based Behavioral Health Initiative, bringing together two divisions within the Alameda County health department 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 and at over 170 schools. Our innovative model expands universal access to behavioral health supports, and builds the capacity of schools and districts to promote social-emotional development and learning.

- When existing services are insufficient and there is potential to build a system of supports that better leverages and connects the resources.
- When resources become available for behavioral health supports but priorities are unclear or need revisiting.
- When there is a vision or champion in the district for building a behavioral health system.

What to Assess: The Behavioral Health System Model

The behavioral health assessment is built around our school-based behavioral health model (Figure 2). This model provides a common reference point for school districts and behavioral health providers, and guides our technical assistance and continuous improvement efforts.

The model defines school-based behavioral health as the infrastructure, programs, and relationships within a school that promote the healthy social-emotional development of all students and address behavioral health–related barriers to learning.

The model defines a set of foundational elements, which in turn support the six core components of a school-based behavioral health system. The assessment examines strengths and gaps in all of those areas.

Purpose and Goals of a Behavioral Health Assessment

The overarching purpose of the assessment is to identify and prioritize the assets and unmet behavioral health needs of students, families, and the overall system in a school district, while building critical relationships and commitment with key stakeholders.

Behavioral Health Assessment Goals

- Provide a comprehensive assessment of the behavioral health systems and supports for a school district.
- Identify assets and unmet service, resource, and infrastructure needs that inform district priorities.
- Engage district administration and key stakeholder groups in a process that builds their interest and involvement in developing behavioral health services and systems.
- Establish a process for ongoing assessment and continuous improvement of the district behavioral health system.

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Develop an Assessment Plan

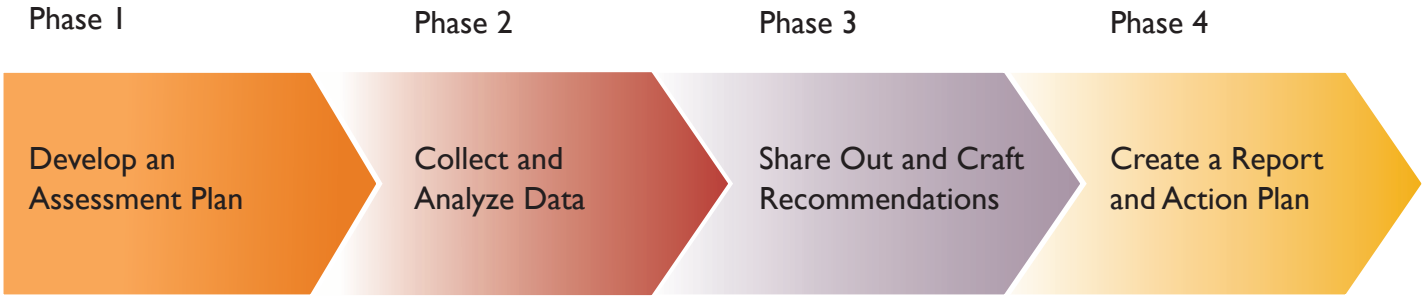
An often overlooked but critical first step in conducting an assessment is planning the assessment itself. Thorough assessment planning not only lays the groundwork for strong collaboration with district administrators and key stakeholders, it also helps determine the best assessment strategies given the unique characteristics, resources, and key players in the district. Finally, it provides insight into potential challenges and how to mitigate them.

Ideally, an assessment is overseen by a core team consisting of key people in the district and partners, as appropriate, who have the resources and authority to support both the assessment itself and the implementation of the recommendations. Major tasks of the planning team are:

- Clarify the purpose of the assessment: What are we trying to accomplish? What do we already know? What do we still want to know?
- Determine the most appropriate assessment methods: What existing data do we have access to? Which qualitative and quantitative assessment tools will we use? How will youth be involved in the process? What efforts are underway that we want to include? What structures are in place that we can use for outreach and data collection?
- Develop an assessment timeline and strategy: What is the timeline for collecting and analyzing data? What are potential barriers to engagement? What staff can we dedicate to supporting the data collection? Who will be responsible for each step? Once the data is evaluated, Who will participate in developing recommendations and next steps?
- Establish a plan to communicate the results of the assessment to key stakeholders: Who will create the written report? Who needs the results and how will we disseminate them? How do we create more ownership of the work through sharing our findings?

Careful planning is critical to designing an assessment that is tailored to the needs of the district and its partners. Care in planning also helps establish the foundation for a strategic and collaborative working relationship for the assessment process, and for the next steps.

Figure 1. Phases of a Behavioral Health Assessment



Collect and Analyze Data

Once the planning phase is complete, the planning team shifts their attention to data collection and engagement. The first step is to translate the assessment goals into guiding questions, then develop the data collection instruments, and administer the assessment using key stakeholders as appropriate, for example, students, parents, and key school staff.

Guiding Questions

Guiding questions frame the overall assessment and ensure that the process looks at assets and gaps across the whole behavioral health system. Tables 1 and 2 lay out guiding questions based on our SBBH system model. The questions are not meant to be asked as is, nor do they need to be kept separate by component or element. The team leading the assessment can determine specific areas of interest or emphasis. There are multiple ways to gather this information, such as use of: surveys, focus groups, interviews, or youth-led projects. Each assessment instrument should be tailored to the identified priorities and stakeholder group.

Data Collection Methods and Tips

There are many ways to collect data about the needs and strengths of a school district's behavioral health infrastructure, systems, and supports. Using a variety of methods enables an assessment of the strengths and needs of the entire SBBH system. Use the data collected to: 1) map existing services and system infrastructure; 2) identify assets and gaps across the core components, such as: access, quality, barriers, unmet needs, cultural competence; and 3) identify strengths and opportunities for growth across the foundational elements.

Typically, the needs assessment begins with an analysis of existing data to help map the system and to understand its strengths, gaps, and areas for further exploration. Surveys or select, exploratory interviews (for example, with site principals) are good ways to collect data at the early stage of an assessment. Online surveys should be used whenever possible to cut down on data entry.

Mapping BH Services and Systems

Map all existing behavioral health supports in the district and/or schools along the continuum:

- Description of support
- Level or tier of service (prevention, early intervention, intensive intervention)
- Name of service provider (school or agency)
- Frequency and duration
- Number of students served

Map the existence and/or effectiveness of coordination structures and school- or district-wide initiatives that support social-emotional health:

- District/school-wide policies and protocols, i.e., crisis response, discipline, and referrals
- Coordination of Service Teams (COST)
- Initiatives and teams that promote behavioral health, i.e., school climate, RTI, restoratives justice, PBIS
- Professional development and support

Figure 2. Our School-Based Behavioral Health System Model

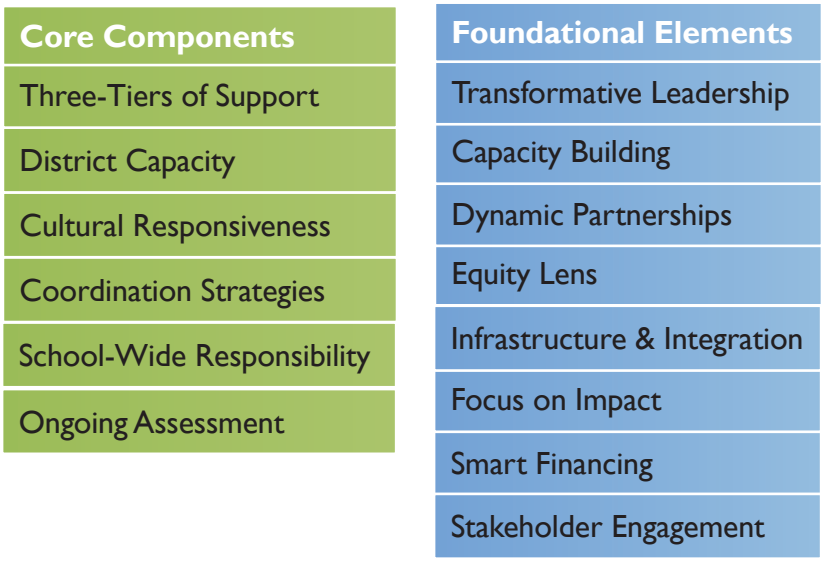


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Table 1. Guiding Questions for Core Components of SBBH System Model

Core Components	Guiding Questions
Three Tiers of Supports	• Who provides what services to whom? • What are the most pressing behavioral health needs facing students? How are these needs being addressed? • What are the barriers to access and services? • What programs and initiatives are in place to support positive school climate at the school and district levels? • To what extent is social-emotional learning integrated into curriculum? • What are protocols for responding to mental health crises; are they implemented consistently across the district? • How are services integrated across the three tiers?
District Capacity	• Is there a district vision around health and wellness support? • What are the current district initiatives in place that support this vision? • What district priorities relate specifically to student behavioral health?
Cultural Responsiveness	• How do providers and schools identify and overcome cultural barriers to outreach and service delivery? • Are supports culturally responsive? • Are there cultural barriers to service access?
Coordination Practices	• How are students referred for services? What is the system for follow-up? • How do students and families learn about existing services? • How does the staff learn about services and the referral process? • How are services aligned and coordinated across the district? With partners?
School-Wide Responsibility	• How knowledgeable are school staff re students' behavioral health needs? • How involved are school staff in decision making regarding behavioral health supports? • How knowledgeable is staff re how to utilize behavioral health resources? • How involved are parents and community members in decision-making about behavioral health supports? • How do teachers and administrators collaborate with onsite providers to support behavioral health needs of students?
Ongoing Assessment	• What are the existing resources to support behavioral health programming? • How are existing resources leveraged? • What additional resources are available to support a behavioral health system? • How are service gaps assessed and monitored? • What are the greatest gaps in the service system?

Table 2. Guiding Questions for Foundational Elements of the SBBH System Model

Foundational Elements	Guiding Questions
Transformative Leadership	• How aligned are the district and the site-based leadership around a behavioral health vision? • How committed are local government entities and stakeholders to providing supports and services?
Capacity Building	• Do providers and staff have the capacity to respond effectively to the behavioral health needs of students and families? • Are the practices research-based, trauma-informed, and reflective of current approaches to behavioral health delivery in schools? • What resources are needed to ensure quality practice across continuum?
Dynamic Partnerships	• Who are the key district partners? • What new or existing partnerships need to be fostered?
Equity Lens	• What does the data indicate about behavioral health needs of students across ethnic, gender, immigration, and socio-economic status lines? • What are the specific barriers for underserved populations, i.e., Spanish-speaking, undocumented, boys and men of color?
Infrastructure and Integration	• How are behavioral health services integrated with MTSS at District and school level? • What infrastructure exists at the site and district levels to support behavioral health resources, e.g.. committees, policies, professional development and coaching?
Focus on Impact	• How are services and programs monitored and evaluated? • What are the lessons learned from existing programs and services?
Smart Financing	• How are the behavioral health initiatives and services financed? What public funds are being leveraged? • What percentage of students qualify for free/reduced lunch or Medi-Cal? • Who are the major insurance providers for students and families? • What is the plan for fund development and ongoing sustainability?
Stakeholder Engagement	• What partnerships can be leveraged to support ongoing sustainability? • How are stakeholders informed about behavioral health concerns and resources? • What are the formal and informal ways that stakeholders are engaged?

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Once there is a basic snapshot of the needs and assets of the district, the next step is to explore the more complex guiding questions, and drill down into issues that have emerged. Focus groups and key informant interviews are effective strategies for collecting in-depth information to understand the range of needs across the SBBH system.

Secondary Data Sources

A review of existing data, including past needs assessments, helps inform not only the mapping, but also the focus of new data collection. Data sources that can be useful and easily accessible include:

- Previous needs assessments.
- School and district data, for example, demographics, free/reduced lunch, academics, attendance, discipline, graduation, site plan accountability measures.
- California Healthy Kids Survey.
- School health program data, for example, demographics, participation, and program evaluations
- Health access, for example, ER visits, percentage with medical homes
- Health insurance coverage
- Health indicators
- Public safety data
- U.S. census data

Data Collection Methods

There are many ways to collect data and effective assesments will use a mix of methods. Table 3 describes the major needs assessment methods, with potential advantages and limitations.

Regardless of the method chosen for data collection, it is important to remember that the purpose of conducting a behavioral health needs assessment is not only to understand the needs and assets within a school or district but to develop partnerships and buy-in around the work. An interview with a principal, for instance, can help identify critical needs and provide an opportunity to share with the principal the vision around what behavioral health could look like in their school and gain support for this vision. Moreover, once a relationship has been established with this principal, he or she may help to secure a time for a staff meeting to talk with teachers, identify a diverse group of students for a focus group, or speak to other principals to help arrange interviews and gain their support.

A youth-driven assessment is also a powerful strategy. Engaging youth in the process of designing the assessment and collecting data helps to ensure that information accurately reflects the needs of the youth in the school district. It also sets the stage for continued youth involvement and leadership in every step of the planning and implementation of a behavioral health system.

It can be helpful to utilize existing structures and relationships for data collection. Do the providers meet regularly in a collaborative that could be used to introduce the assessment or hold a focus group? Can the students use the first 15 minutes of advisory or health class to complete surveys online? Can faculty meetings be used to administer online surveys or conduct

Case Study: San Leandro Unified School District

San Leandro Unified School District (SLUSD) and the Center for Healthy Schools and Communities (CHSC) worked together to strengthen health and wellness supports for students and their families. CHSC placed two full-time Behavioral Health Consultants in SLUSD to develop a system of behavioral health supports district-wide. The consultants began by conducting a behavioral health assessment that included a survey administered to over 200 teachers, families, and students throughout the district; over 30 qualitative interviews with administrators, teachers, and providers; and focus groups with school staff and families. The assessment resulted in 12 recommendations for building the behavioral health system across the district. The assessment informed specific priorities for the district, such as creating Coordination of Services Teams (COST), establishing a social work internship program, and developing the capacity of existing providers to ensure that their services were targeted appropriately. This assessment also proved critical in establishing relationships with key stakeholders who were instrumental in moving the work forward.

a focus group? Can parent surveys be administered during back-to-school night? Can COST Coordinators administer surveys with their members? Are there parent liaisons at school sites that can help reach families for surveys or focus groups? Similar to having students conduct the youth focus groups, engaging parent leaders to develop and administer surveys, or conduct focus groups is an effective way of gathering meaningful information and beginning a dialogue with families about their role in strengthening behavioral health supports.

The data collection process is as much about the approach to collecting information as it is about the tools used or the information gathered. It is essential that respondents, interviewees, and stakeholders know how the information will be used, and that expectations are managed about what can be accomplished with their input, and that a wide range of opinions and perspectives are welcome. Transparency in the process ultimately helps to build relationships and identify the champions that will help move the work forward.

Table 3. Data Collection Methods

Method	Definition	Advantages	Limitations
Surveys	Set of written questions asked via paper or online.	Can reach large numbers of people relatively quickly. Data can be easier to analyze than other assessment methods.	Respondents may skip sections or provide incomplete answers. No explanation for why respondents answer in a given way. Self-report.
Focus Groups	Small group guided discussion of opinions on designated topics and/or assessment findings.	Can provide rich data and insight not easily ascertained through surveys. Opportunity for follow-up questions.	Can be time consuming, participants may not feel comfortable being completely honest or sharing in front of others.
Key Informant Interviews	In-depth interviews with people who have knowledge about the community, can provide insight into needs, and give recommendations or solutions.	Can provide rich data that surveys alone do not. Allows for follow-up on survey findings and individual perspectives. Opportunity to build or strengthen relationships. Can collect quotes and stories.	Time intensive. Limited representation. Should be combined with other assessment methods to avoid bias.
Community Forums	Public meetings during which participants discuss strengths, needs, priorities, and solutions.	Can elicit a wide range of perspectives, follow-up for deeper explanations, open communication between district, parents, students, and other community members. Gives visibility to the issue being addressed. Inexpensive.	Strong planning and facilitation needed to include all voices. May bring about unrealistic expectations about what can be accomplished. Attendees may over-represent a single perspective.

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Share and Craft Recommendations

Once all of the data is collected, the core team identified in the planning phase (which includes district leadership, as well as partners or consultants if applicable) is responsible for analyzing the data and developing preliminary recommendations.

It is important to look at the data overall and disaggregated by gender, ethnicity, grade level, school, neighborhood, etc., in order to identify general trends and groups of students or schools that may need targeted support. Using the SBBH model, the data analysis should assess strengths and gaps across the core components and foundational elements. Another way to think about the questions the assessment answers at this stage is:

- Core components: what is in place? How well is it working (access, quality, barriers, cultural competence)? What is missing?
- Foundational elements: where are the strengths and opportunities for growth?

The team then drafts preliminary recommendations based on the assessment findings. Each recommendation should summarize 1) the need or gap that was identified; 2) related strengths to build on if they exist; and 3) recommended high leverage strategies to address the need. Ideally, the preliminary recommendations are also shared with various stakeholder groups identified in the planning phase, for example, parents and students, administrators, partner collaboratives, for feedback and ideas for implementation. As this is an SBBH needs assessment, and the school district will hold much of the responsibility for implementation, draft recommendations should be vetted first with the district leadership to ensure they are actionable.

Case Study: Berkeley Unified School District

In Berkeley Unified School District (BUSD), district leadership asked CHSC to lead an assessment of the behavioral health system in their K-8 schools in order to:

- Determine the extent and quality of existing social-emotional learning and school-based behavioral health services
- Identify schools that currently have best practices in place in order to learn from them
- Determine how to best allocate resources to strengthen social-emotional learning and behavioral health supports.

A research team that included a CHSC intern and a UC Berkeley graduate student collaborated to conduct over 25 interviews with principals, members of the Response to Intervention (RTI) teams, school counselors, and family liaisons. The team also led student and parent focus groups, and developed a survey for all schools to map services and trainings at each level of the RTI triangle. The team used this information to develop recommendations for strengthening behavioral health systems throughout the district, drawing on best practices already in place at many BUSD schools as well as systems that have proven effective in other districts. Recommendations included hiring a district behavioral health coordinator to oversee the implementation of all behavioral health initiatives and services district-wide, implementing a tracking and accountability plan across the district, standardizing the process for hiring mental health providers, and creating agreements with providers around expectations for service delivery.

Report and Action Plan

The final phase of the assessment process is disseminating findings and making recommendations to internal and external stakeholders. A formal assessment report is important to promote transparency and shared ownership of the work to be done.

The written report should include an executive summary, an introductory section on the background and purpose of the needs assessment, methodology (including breakdown of participation in data collection and developing recommendations), key findings, recommendations, and appendices that include the data collection instruments.

Since one goal of the needs assessment is to engage the school district and key stakeholder groups in developing behavioral health systems, it is important to share the assessment findings with district leadership and other relevant groups for their input and help with action planning. Depending on the audience, information can be presented via the assessment report, staff presentations, existing collaborative or committee meetings, community meetings, district and partner websites, and the school communication structures.

The final step of the behavioral health needs assessment is to translate the assessment into action. The core team leading the assessment should compile all of the feedback, especially from the district leadership and critical partners (for example, county, funders, or provider groups), and design an action plan, with strategies for strengthening both services and systems, deadlines and deliverables, persons responsible, resources needed, and a structure for overseeing and supporting the implementation of the plan.

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Appendix A

Understanding the Behavioral Health Needs, Strengths, and Gaps of Your School District

Introduction

Understanding the needs and strengths of students and those who support them is critical to creating a health and wellness system that promotes social-emotional and academic success. A well-designed assessment helps identify priorities, not only for programs and services, but also for the infrastructure needed at the school and district levels. A well-implemented assessment is a powerful strategy for engaging key stakeholders in using and supporting the health and wellness system. Namely, teachers, students, families, administrators, and providers. This tool focusses specifically on behavioral health.

The Behavioral Health System Model

The behavioral health assessment is built around our school-based behavioral health system model. This model provides a common reference point for the school districts and behavioral health providers, and guides our technical assistance and continuous improvement efforts. The model defines a school-based behavioral health system as the infrastructure, programs, and relationships within a school that promote the healthy social-emotional development of all students and address behavioral health-related barriers to learning.

The model defines six core components of a school-based behavioral health system, supported by eight foundational elements. The assessment examines strengths and gaps in all of those areas.

Purpose of a Behavioral Health Needs Assessment

The overarching purpose of the assessment is to identify and prioritize the assets and unmet behavioral health needs of students, families, and the overall system in a school district, while building critical relationships and buy-in with key stakeholders.

Figure 1. Our School-Based Behavioral Health System Model

Core Components
Three-Tiers of Support
District Capacity
Cultural Responsiveness
Coordination Strategies
School-Wide Responsibility
Ongoing Assessment

Foundational Elements
Transformative Leadership
Capacity Building
Dynamic Partnerships
Equity Lens
Infrastructure and Integration
Focus on Impact
Smart Financing
Stakeholder Engagement

Goals of a Behavioral Health Needs Assessment

- Provide a comprehensive assessment of the behavioral health systems and supports for a school district.
- Identify assets and unmet service, resource, and infrastructure needs that inform district priorities.
- Engage district administration and key stakeholder groups in a process that builds their interest and involvement in developing behavioral health services and systems.
- Establish a process for ongoing assessment and continuous improvement of the district behavioral health system.

Guiding Questions

Guiding questions are used to frame the overall assessment and to ensure that the process looks at assets and gaps across the whole behavioral health system. The questions are not meant to be asked as is, nor do they need to be kept separate by component or element. The team leading the assessment can determine specific areas of interest or emphasis. There are multiple ways to gather this information, for example, surveys, focus groups, interviews, or youth-led projects. Each assessment instrument should be tailored to the identified priorities and stakeholder group.

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Table 1. Guiding Questions for Core Components of SBBH System Model

Core Components	Guiding Questions
Three Tiers of Supports	• Who provides what services to whom? • What are the most pressing behavioral health needs facing students? How are these needs being addressed? • What are the barriers to access and services? • What programs and initiatives are in place to support positive school climate at the school and district levels? • To what extent is social-emotional learning integrated into curriculum? • What are protocols for responding to mental health crises; are they implemented consistently across the district? • How are services integrated across the three tiers?
District Capacity	• Is there a district vision around health and wellness support? • What are the current district initiatives in place that support this vision? • What district priorities relate specifically to student behavioral health?
Cultural Responsiveness	• How do providers and schools identify and overcome cultural barriers to outreach and service delivery? • Are supports culturally responsive? • Are there cultural barriers to service access?
Coordination Practices	• How are students referred for services? What is the system for follow-up? • How do students and families learn about existing services? • How does the staff learn about services and the referral process? • How are services aligned and coordinated across the district? With partners?
School-Wide Responsibility	• How knowledgeable are school staff re students' behavioral health needs? • How involved are school staff in decision making regarding behavioral health supports? • How knowledgeable is staff re how to utilize behavioral health resources? • How involved are parents and community members in decision-making about behavioral health supports? • How do teachers and administrators collaborate with onsite providers to support behavioral health needs of students?
Ongoing Assessment	• What are the existing resources to support behavioral health programming? • How are existing resources leveraged? • What additional resources are available to support a behavioral health system? • How are service gaps assessed and monitored? • What are the greatest gaps in the service system?

Table 2. Guiding Questions for Foundational Elements of the SBBH System Model

Foundational Elements	Guiding Questions
Transformative Leadership	• How aligned are the district and the site-based leadership around a behavioral health vision? • How committed are local government entities and stakeholders to providing supports and services?
Capacity Building	• Do providers and staff have the capacity to respond effectively to the behavioral health needs of students and families? • Are the practices research-based, trauma-informed, and reflective of current approaches to behavioral health delivery in schools? • What resources are needed to ensure quality practice across continuum?
Dynamic Partnerships	• Who are the key district partners? • What new or existing partnerships need to be fostered?
Equity Lens	• What does the data indicate about behavioral health needs of students across ethnic, gender, immigration, and socio-economic status lines? • What are the specific barriers for underserved populations, i.e., Spanish-speaking, undocumented, boys and men of color?
Infrastructure and Integration	• How are behavioral health services integrated with MTSS at District and school level? • What infrastructure exists at the site and district levels to support behavioral health resources, e.g.. committees, policies, professional development and coaching?
Focus on Impact	• How are services and programs monitored and evaluated? • What are the lessons learned from existing programs and services?
Smart Financing	• How are the behavioral health initiatives and services financed? What public funds are being leveraged? • What percentage of students qualify for free/reduced lunch or Medi-Cal? • Who are the major insurance providers for students and families? • What is the plan for fund development and ongoing sustainability?
Stakeholder Engagement	• What partnerships can be leveraged to support ongoing sustainability? • How are stakeholders informed about behavioral health concerns and resources? • What are the formal and informal ways that stakeholders are engaged?

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Appendix B Sample Interview Questions

Questions for Principals

1. What are the most pressing behavioral health needs facing students in the school? How are those needs being addressed?
2. I have noted that your school provides _____ services. What do you see as the primary strengths of these services across the t5hree tiers? What do you see as needing improvement?
3. How are students referred for services? To what extent are behavioral and referral procedures followed by the wider school community?
4. How does the school involve families in the behavioral health supports and services it offers?
5. In what ways do students engage with creating a positive school community? What additional resources or opportunities could increase student engagement?
6. What is the protocol for dealing with behavioral health emergencies?
7. How does the school assess the effectiveness of its behavioral health services?
8. How do district staff help to support school-based programs?
9. Does your school partner with other schools in the district to share resources or ideas? If so, how?
10. Are practices across the tiers trauma-informed? How?
11. What connections have been built with providers in the community? Who is in charge of maintaining this relationship? How are new connections sought?
12. How are these and other mental health service providers integrated into the school community?
13. If your school was allotted another $10K each year, what would you invest in? How much does the school currently invest in behavioral health supports? Funding streams for supports?
14. If you had to make one change in your school's current mental health practices, what would it be?

Questions for Counselors

1. What services do you provide at your school? Who do you report to?
2. What are the most pressing/common behavioral health needs facing students in the school/district? How are those needs being addressed?
3. What are the specific challenges or needs of students of color, low-income students, undocumented students, or English language learners?
4. Who provides therapy for students who need it? How are they trained? How does their training reflect the needs of the diverse student population that they serve?
5. Are there any therapeutic groups that would be particularly helpful that aren't available at this time?
6. Are practices across the tiers trauma-informed? How?
7. Do you partner with other mental health service providers? How are these and other mental health service providers integrated into the school community?
8. In what ways do students engage with creating a positive school community? Do they form groups or activities? How do they give feedback about their own school? What additional resources or opportunities could increase student engagement?
9. How do you, as a counselor, reach out to parents? Are you able to share family information with relevant school staff?
10. What types of behavioral health trainings and workshops do you provide to families and staff?
11. How does the school ensure that behavioral health supports and services are culturally responsive and aligned with student and family priorities?
12. How can the school become a place that is even more inclusive, supportive, and empowering for all students?

Potential additional questions:

1. Are services integrated and coordinated across the three tiers? If so, how?
2. Is there an identified lead person who coordinates supports related to student wellness? What is their perception of the team's strengths and needs?
3. What connections have been built with providers in the community? How are they sustained and by whom? How are new connections sought?
4. How are behavioral health services funded? Has new funding been sought?
5. How does the school assess the effectiveness of its behavioral health services?

Questions for Teachers

1. What are the most pressing/common behavioral health needs facing students in the school/district? How are those needs being addressed?
2. What are the specific challenges or needs of students of color, low-income students, undocumented students, or English language learners?
3. How does your school promote a positive school climate?
4. When you have a student with behavioral or mental health concerns, what do you do?
5. What do you know about trauma, or what trainings have you had on trauma?
6. In what ways do students engage with creating a positive school community? Do they form groups or activities? How do they give feedback about their own school? What additional resources or opportunities could increase student engagement?
7. How do you reach out to parents? How are they included in the student's education? Is that method something common across the school community, does it differ between teachers, and if so, how?
8. To what extent is the cultural or ethnic backgrounds of students reflected in the curriculum taught at your school?
9. How are mental health service providers integrated into the school community?
10. What is the biggest change that you think your school could make to improve the mental health of your students?
11. Ask a question to gauge their understanding of the referral process and how they make referrals.

Questions for RTI Teachers

1. What are the most pressing/common behavioral health needs facing students in the school/district? How are those needs being addressed?
2. I have noted that your school provides _____ services. What do you see as the primary strengths of those services across the three tiers? What do you see as needing improvement?
3. How are students referred for needed services? How do staff learn about services and the referral process? How do students and families learn about existing behavioral health services?
4. Are services integrated and coordinated across the three tiers? If so, how?
5. Is there an identified lead person who coordinates supports related to student wellness? What is their perception of the team's strengths and needs?
6. Is there a system in place to follow-up on referrals? How is it working?
7. To what extent are the policies and procedures understood/followed by the wider school community?
8. How does the school assess the effectiveness of its behavioral health services?
9. How does the district help to support school-based behavioral health programs in your school?

Potential additional questions:

1. Does your school partner with other schools in the district to share resources or ideas? If so, how?
2. What are the specific challenges or needs of students of color, low-income students, undocumented students, or English language learners? How are those addressed?
3. How do district staff help to support school-based programs?
4. What connections have been built with providers in the community? How are they sustained and by whom? How are they financed? How are new connections sought?
5. How does the school reach out to parents? What kinds of activities or gatherings do parents participate in? What could the school do more of or do differently to better involve the parent community?
6. Are practices across the tiers trauma-informed? How?

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Questions for Behavior Specialists

1. What are the most pressing behavioral health needs facing students at the school? How are those needs being addressed?
2. Tell me about a typical day in your job. How do you spend your time?
3. How much of your job is focused on mental health as distinct from behavior?
4. What do you see as the primary strengths of the services across the three tiers? What do you see as needing improvement?
5. How does the school ensure that behavioral health supports and services are culturally responsive and aligned with student and family priorities? What are the specific challenges or needs of students of color, low-income students, undocumented students, or English language learners?
6. In what ways do students engage with creating a positive school community? What additional resources or opportunities could increase student engagement?
7. How do you assess the effectiveness of your behavioral health services?
8. If you had to make one change in your school's current mental health practices, what would it be?
9. Are services integrated and coordinated across the three tiers? If so, how?
10. Are practices across the tiers trauma-informed? How?
11. What other behavioral health services are available at the schools where you work? What do you see as the strengths and limitations of these services? What additional groups might be helpful for the student population?
12. How can the school become a place that is even more inclusive, supportive, and empowering for all students?

Questions for Special Education Directors

1. How do you see the role of Special Education in a district-wide mental health provision?
2. How many students does the district have with specific mental or behavioral health concerns (as opposed to academic challenges)? Is there data tracking this?
3. Of the students referred mainly for mental health concerns, could any of these students be served instead through general education counseling services?
4. How much time do you think your Special Education teachers spend on training regarding mental and behavioral health? On providing specific mental/behavioral health services?
5. Do schools generally want their students to receive SPED services? Why or why not?
6. If your department was allotted another $50K each year for mental health services, what would you invest in?

Questions for Special Education Team

1. What are the most common mental health needs facing Special Education students in the district?
2. How many students on your caseload have specific mental or behavioral health concerns (as opposed to academic challenges)?
3. How are students referred to Special Education services for mental health concerns at your schools? (Is this the same as the General Education referral process?)
4. How are staff and families informed about the referral process?
5. How do most Special Education teachers work with General Education teachers and families?
6. Are any kids in Special Education accessing general education mental health resources, such as counseling?
7. Do schools want their students to receive Special Education services?
8. If your department was allotted another $50K each year for mental health services, what would you invest in?
9. If you had to make one change in Special Education mental health practices, what would it be?

Questions for Providers from Outside Agencies

1. Which schools do you work with, and in what capacity?
2. What are the most pressing/common behavioral health needs facing students in the school/district? How are those needs being addressed?
3. What are the specific challenges or needs of students of color, low-income students, undocumented students, or English language learners?
4. Please describe the services you provide.
5. What do you see as the primary strengths of these services? How do you measure their effectiveness? What do you see as needing improvement?
6. How do you ensure that these services meet the needs of students from different racial, linguistic, and socioeconomic backgrounds?
7. What other behavioral health services are available at the schools where you work? What do you see as the strengths and limitations of these services? What additional groups might be helpful for the student population?
8. Are practices across the tiers trauma-informed? How?
9. How does your organization reach out to families? Is information you receive from families shared with anyone at the school? Possible follow-up questions: do other practitioners in the school have similar practices when it comes to connecting with parents and sharing information? Also, how do they reach out to staff and students? Is their approach aligned with how other providers onsite conduct outreach?
10. How does the school ensure that behavioral health supports and services are culturally responsive and aligned with student and family priorities?
11. As a service provider from an outside agency, how integrated do you feel into the school community? How has this been accomplished? How could it be improved? Is this similar for other service providers? Do they participate in COST teams? How do they collaborate with other providers and school staff? Do they have the resources they need to be effective (for example, confidential space, opportunities to engage with teachers around client needs)?
12. If the school you work at could make one change in the way it provides student support services, what would it be? Why do you think this is most important?

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Appendix C Sample Focus Group Questions

Parent Focus Group Questions

1. What do you feel are some of the main health and wellness needs and concerns in the student population?
2. What are some of the ways that the school is addressing these needs/concerns? What would you like to see more of?
3. How connected do you feel to the school? Does the school reach out to you?
4. Does the school communicate with you in a language that you are comfortable with?
5. What kinds of activities or gatherings do parents participate in?
6. How do you feel like your family's cultural background is (or is not) recognized and appreciated by the school?
7. What does the school do well to create a positive environment for your student? What could it do better?
8. Do you feel like the school could help out families if they were having a hard time (for example, if they needed help finding food or shelter or getting insurance for their children)?
9. What could the school do more of or do differently to better involve the parent community?

High School Student Focus Group Questions

1. In what ways are you a leader at your school?
2. What do you do if one of your friends is having a problem like feeling really sad or having a lot of issues at home?
3. Are there adults at school who you talk to when you are upset about something or have a problem? Who?
4. (If not already addressed) Do you know if there are counselors available at school to talk to? How would you talk to them if you needed to?
5. What happens at your school when two or more students have a conflict?
6. What happens when students get in trouble at your school?
7. How does your school teach you about things like being a good friend, or staying calm, or standing up for yourself?
8. Do you feel like your parents and the adults at school know each other? Why do you think that?
9. Do you feel accepted and appreciated for who you are at school, including how you look, what language you speak, and where you live?
10. Is there anything that you wish your school would do to help you feel more safe and comfortable? Are there any additional services or supports that you think would be helpful?
11. Is there anything else that you would like to tell us?

Elementary School Student Focus Group Questions

1. What are some of your favorite things about your school?
2. What do adults do at the school that makes you feel safe and happy?
3. What happens when you make a mistake or get in trouble at school?
4. What do adults do when you have a problem with another student?
5. Do you feel like your parents and the adults at school know each other? Why do you think that?
6. Do you know if there are counselors available at school to talk to? How would you talk to them if you needed to?
7. Do you feel accepted and appreciated for who you are at school, including how you look, what language you speak, and where you live?
8. Is there anything that the school could do to help you feel more safe and comfortable?

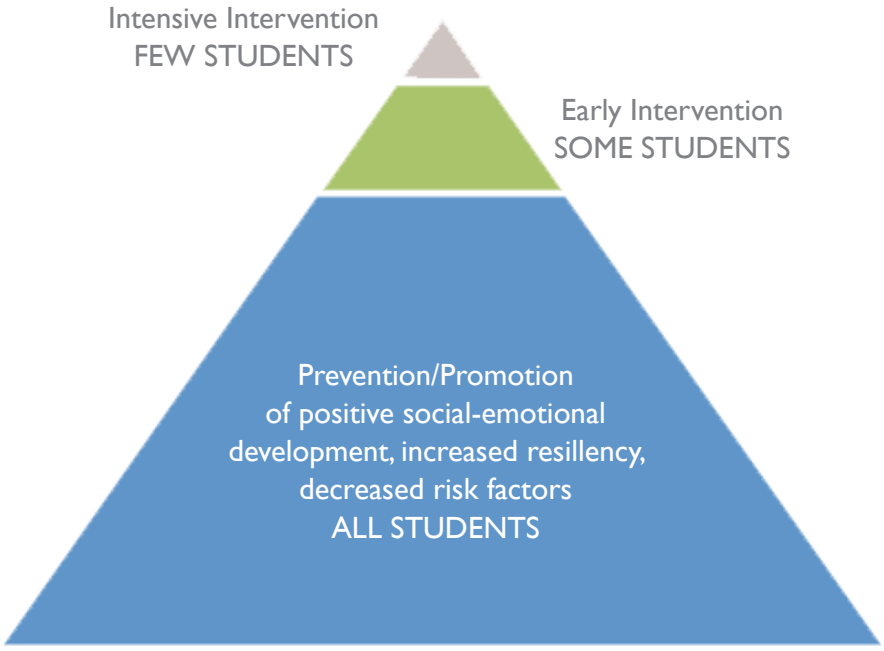
Appendix D

Mapping SBBH Programs on RTI Continuum

Survey of Programs for Student Well-Being

The school district and Alameda County are assessing students access to programs that promote behavioral health and well-being. We will be interviewing key stakeholders at each elementary and middle school in the district in February. To help us with this important assessment, please take five to ten minutes to give us some background information about what services are provided at your school by listing all onsite programs that address student well-being. We are mapping the programs along the RTI (Response to Intervention) triangle that has three tiers of supports. We would also like to know who is responsible for these programs (all teachers, social workers, the principal, etc.) Please complete this survey by [date].

Response to Intervention (RTI) Framework



Your Name: _____

Your School: _____

Your Position: _____

Please list the "Tier 1" interventions at your school and who is involved in running these programs. Tier 1 interventions are preventative and affect all students. They include any programs that promote a healthy school environment, high expectations, and opportunities for participation. Examples include PBIS and Restorative Justice programs.

Please list the "Tier 2" interventions at your school and who is involved in running these programs. Tier 2 is for early intervention and affects some students. Examples of these programs include social skills groups and case management.

Please list the "Tier 3" interventions at your school and who is involved in running these programs. Tier 3 is for intensive intervention and affects few students. It includes individual therapy and other intensive interventions.

Please list trainings related to behavioral health that have been provided at your school in the last six months. Examples include trainings on trauma, PBIS, and Restorative Justice.

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CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

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