



Spotlight Practice

District Health and Wellness Leads

Transforming the Way School Districts
Support Student Success and Wellness

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 the 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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District Health and Wellness Leads

Why District Health and Wellness Capacity Matters

The health, social-emotional wellness, and academic success of students are closely linked. Transforming the way we support student success and wellness takes innovation, focus, and deep partnership among education and health sectors. Health and wellness partners can play an essential role in creating positive school environments, providing everything from coordination to professional development to direct services.

Districts and schools can build and sustain a school-based health and wellness system when they collaborate and integrate critical health and wellness resources.

In Alameda County, we have previously defined a school-based behavioral health (SBBH) system as: the infrastructure, programs, and relationships within a school and district that promote the healthy social-emotional development of all students and address behavioral health-related barriers to learning. (See Background on this page.) After working with districts for several years, we've expanded that definition to include the additional requirement for critical wellness supports for a thriving and successful student wellness culture. We recognized that district-level infrastructure, as well as dedicated

coordination and resources, are essential components for a school district to sustain the continuum of services and partnerships necessary to support student success and overall wellness.

We have dedicated funding for placing health and wellness leads in school districts. These leads will help build capacity to support implementation at individual schools and throughout the district. We have applied lessons learned from our district health and wellness leads – formerly called behavioral health consultants – and developed seven key capacity building functions to be held at the district level.



Background

For almost two decades, Alameda County's Center for Healthy Schools and Communities (CHSC) has relied on critical partnerships 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, the county launched a School-Based Behavioral Health (SBBH) 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 supports in over 170 schools in all 18 school districts, and district-level consultation in six of those districts. 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. Presently, this model has expanded to include a spectrum of health and wellness supports, beyond behavioral health. Learn more about our SBBH system model on our website: achealthyschools.org/behavioral-health.



Our SBBH Model

The behavioral health consultant functions were built around our School-Based Behavioral Health System Model, which provided a common reference point for school districts and behavioral health providers and guided our technical assistance. The model defined six core components of the SBBH system, which were supported by a set of foundational elements common to all activities of CHSC. Now referred to as District Health and Wellness leads to include, the core components and foundational elements continue to 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.

Key Functions of a District Health and Wellness (DHW) Lead

There are seven key district-level functions that ensure the success and sustainability of a comprehensive district health and wellness system. As coordination of a complex system is always challenging, ideally these functions are held by one person – a DHW lead. This position can be shared but it is critical that the leads work directly with district leadership and are given the authority to work with the school sites to implement health and wellness policies and programs.

Assess the District's Health and Wellness System

The DHW lead conducts a comprehensive assessment of the district's health and wellness supports and systems in order to better understand the needs, strengths, and gaps, and to determine priorities. This assessment includes mapping of current assets and resources. It is a collaborative process with input from teachers, district, and site administrators, students, families, and providers. The assessment involves collecting qualitative as well as quantitative data and identifying priorities, not only for direct services, but also for the health and wellness infrastructure needed at the school and district levels. The assessment process, which can take from three to six months, is also a powerful strategy for engaging district leaders and key stakeholder groups and building their involvement in developing services and systems. Once the assessment is complete, the DHW lead works with district leadership and partners to determine health and wellness priorities and develop a plan for implementation as well as ongoing assessment.

Develop Structures and Protocols

The DHW lead works to ensure that there are strong systems in place so that health and wellness programs and supports can be implemented effectively. An example of systems strengthening is developing crisis response or mandated reporting protocols, if these systems are not already in place. A primary focus of the lead is establishing and strengthening Coordination of Services Teams (COST) – a strategy for managing and integrating learning supports and resources for students, including behavioral health services. This involves initial training around what COST is, tools for running effective COST meetings, and continued support after COST teams are established to ensure that the structure is efficient and improving service coordination and delivery.

Oversee Direct Services

The DHW lead can oversee direct behavioral health and wellness services along the three tiers of support: prevention, early intervention, and treatment. Whether health and wellness providers (e.g., mental health, family supports and partnerships, primary health care, dental health) come from a public agency, a non-profit organization, or are district employees, they can work with teachers, administrators, students, and families to build the capacity of everyone on campus to support the overall needs of students. The DHW lead may determine the sites in which providers are placed, work with supervisors and administrators to integrate providers and programs into the school, develop working agreements between schools and provider agencies, evaluate services and work with schools to make any necessary adjustments, and ensure that providers receive effective orientation, training, and supervision. Additionally, DSW leads with appropriate behavioral health clinical licenses may recruit, place, and supervise mental health interns directly as one means of expanding behavioral health service availability.

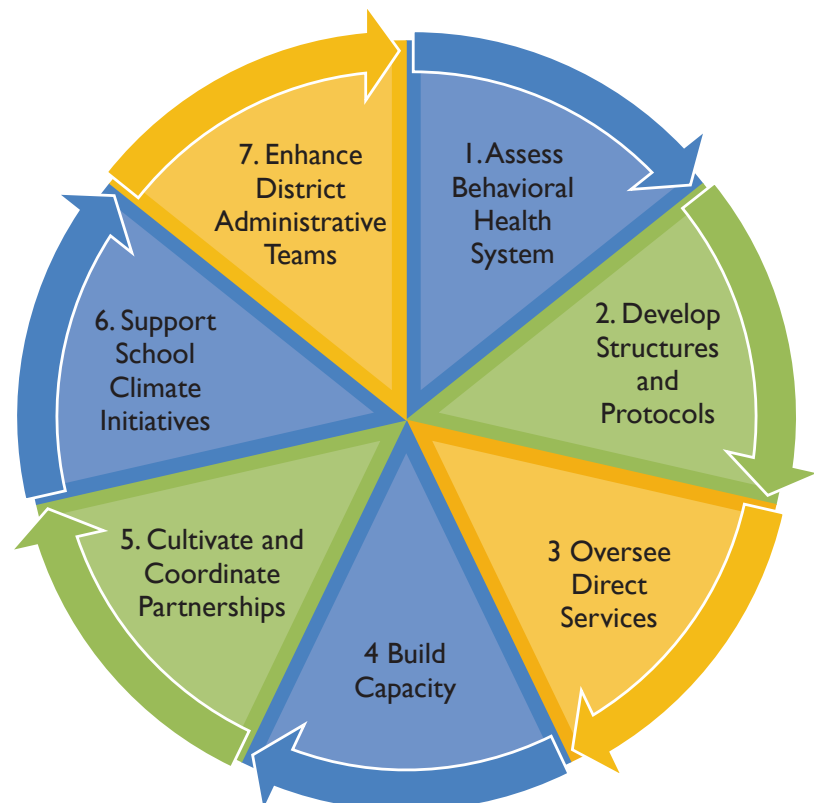
Build Capacity of School Staff and Caregivers

The DHW lead provides trainings, coaching, and resources for school staff and families to build their capacity to address health and wellness needs of students. This involves educating districts and school communities about the vital relationship between health, emotional well-being, and the ability to learn, and providing trainings on a range of health and wellness topics aligned with district priorities. Examples include trauma and learning, dental and physical health, restorative practices, meaningful engagement with families, and making appropriate referrals to on-site and community resources. The lead may also provide or coordinate individual coaching for teachers and families around strategies for supporting their students.

Cultivate and Coordinate Partnerships

The DHW lead seeks out and fosters partnerships with public and non-profit health and wellness providers to fill gaps in services. In addition to developing these new partnerships, the lead works with all outside agencies to ensure that services are aligned both with district priorities and with the SBBH model. Leads often support partner agencies in navigating the District and school site infrastructure, as well as supporting Districts and schools in working with health and wellness partners.

Figure 1.
Key Functions of the District Health and Wellness Lead

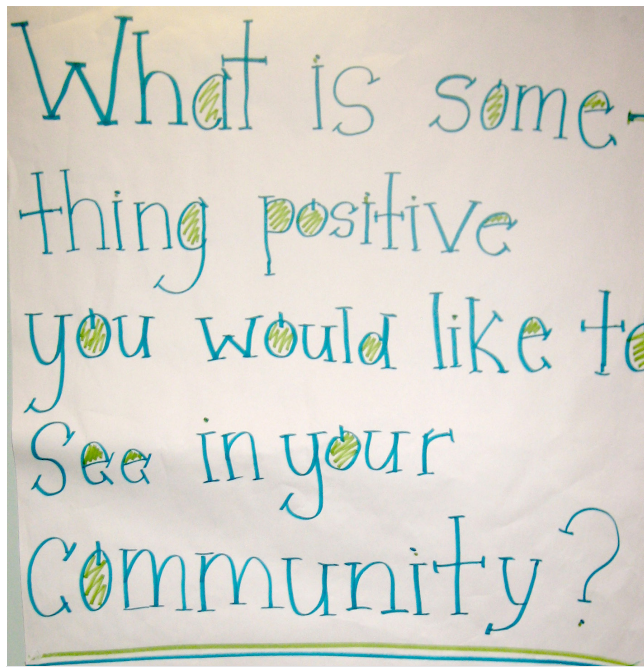


Support School Climate Initiatives

The DHW lead works to create school climates conducive to learning and to the health and wellness of the entire school community. This frequently involves leading or coordinating district-wide implementation of school climate initiatives such as Restorative Justice, Positive Behavioral Interventions and Supports. They may support work to shift school cultures by increasing Family Partnership work or increasing ways to include and gather and utilize youth input. The DHW lead works to increase participation and support from all members of the community (staff, administration, parents, students, etc.), establish roll-out structures like work groups or learning communities, and troubleshoot implementation issues as they arise.

Enhance District Administrative Team(s)

The DHW lead brings a critical perspective to professional learning communities throughout their district, including school climate and/or district planning teams and district initiatives regarding learning and wellness, and/or they may play a key role in teams such as the School Attendance Review Board (SARB). Their involvement ensures that health and wellness is an integral and integrated part of district decision-making. The lead also works to identify sustainable funding for health and wellness programming, such as advising district leadership on how to reallocate funds for behavioral health supports, establishing partnerships with health and wellness programs, identifying outside funding sources, and assisting in writing grant proposals.



Case Study: Building a SBBH System in San Leandro Unified

When San Leandro Unified School District (SLUSD) was struggling with the impact of behavioral health issues on student learning, they turned to the Center for Healthy Schools and Communities for resources and support. Recognizing that the few behavioral health services SLUSD did have were fragmented and insufficient, CHSC dedicated two Behavioral Health Consultants to work with district leadership to build out a comprehensive school-based behavioral health system. Their first step was to conduct a comprehensive needs assessment. They administered surveys to over 200 teachers, families, and students, conducted 30 interviews with administrators, teachers, and providers, and facilitated focus groups with staff and families. They presented the assessment findings to administrators and the school board, along with specific recommendations. These resulted in new policies, the creation of district-wide Coordination of Services Teams, and a social work internship program, among other priorities. The assessment process also established relationships with key stakeholders instrumental in moving the work forward. Seven years later, SLUSD is holding much of this work with limited CHSC support and is a leader in moving forward an integrated system of supports (Multi-Tiered System of Supports).

Impacts of District Capacity Building

As a result of our school district capacity building work, we have seen increased and stronger health and wellness systems and supports in Alameda County school districts. This has led to increased efficiency of service delivery and access to health and wellness resources and supports. Selected highlights include:

Expansion of Quality Behavioral Health Supports

When the DHW leads began their partnerships with school districts, most districts reported insufficient resources to meet the behavioral health needs of their students and families. Leads have addressed this lack of resources by increasing site-level partnerships with providers; creating standardized agreements and protocols around service delivery; providing trainings and supports to providers in the district through learning communities and technical assistance; and working with partners to secure funding for additional services. Expanding and strengthening partnerships has meant increased access to behavioral health supports for students and families, higher standards for service delivery, and stronger collaboration between district and site administrators and providers.

Implementation of COST Teams District-wide

DHW leads helped facilitate COST across their respective school districts by collaborating with key district partners and providing training, tools, and ongoing technical assistance. Having a strong COST enables a school to identify and address student needs holistically, ensuring that the overall system of supports works effectively, and that all students get the services they need. These efforts have proven to be sustainable even with administrator changes, in part because of the on-the-ground work the DHW leads have engaged in with school staff and administrators around the importance of behavioral health and effective coordination in schools. COST is now an integral part of the culture within these school districts, many of which had no COST teams in place when DHW leads began their work. The compilation of data gathered through analysis of individual referrals can help schools and districts identify larger systems and community needs and drive resource allocation decisions. Improved coordination of services through COST has led to better integration and collaboration between providers and staff, greater efficiency in referral and follow up, and improvements in student health and wellness.



Increased School Climate Efforts and Initiatives

Our model for a school-based health and wellness systems or school health initiatives is oriented around prevention and active engagement of students and families. It provides supports for students, and also builds the capacity of all adults in their lives to address social-emotional needs at school and at home. DHW leads have made a significant impact in increasing school climate activities across their respective districts by advocating and educating at the district level, providing training and technical assistance, planning school climate initiatives (e.g., Positive Behavior Interventions and Supports and restorative practices), and helping to secure funding for school climate programming. This work has contributed to increased awareness on the part of administrators regarding the importance of prevention and social-emotional learning, and in turn, has inspired greater prioritization of resources and funding to support these efforts. The result is improved supports and outcomes for students in districts across the county, including reduced suspension rates, more consistent expectations and communications with students, increased communication and connections with parents, and improved teacher engagement and support.

Increased Capacity of School Staff to Support the Social-Emotional Needs of Students

Across our school districts, DHW leads have provided considerable professional development for school staff. Trainings given in districts throughout the county covered topics such as the impact of trauma on student learning, how to recognize a potential health issue (mental health related or other) and make a referral, and understanding and managing escalating behavior. As a result, school and district staff report better understanding of the needs of their students and increased ability to appropriately respond. Additionally, they report growing awareness of the resources available to support their students, increased knowledge of how to connect students and families to these resources, and greater effectiveness in responding to crises. Increased capacity of staff has led to better utilization of and support for onsite health and wellness supports, as well as improved integration of strategies to support students' social-emotional needs in the classroom.



Alameda County CHSC District Health and Wellness Leads

CHSC DHW leads are either our employees (part of the county health agency) or direct hires employed by the district with CHSC funding and support. They oversee development and implementation of school health initiatives in their districts.

Examples include development of Multi-Tiered Systems of Support (MTSS), coordination of health and wellness supports in school-based "Wellness Centers," and standardization of our mental health crisis response and training for school staff across Alameda County schools. Evaluation results have shown that the DHW leads have greatly expanded health and wellness supports for students, families, and schools.

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