

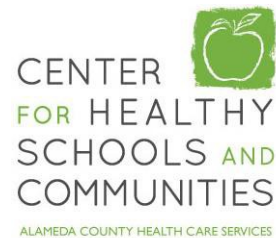
Berkeley High School Health Needs Assessment



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Executive Summary

In the fall of 2016, with staffing support from HCSA Center for Healthy Schools and Communities (CHSC), Berkeley High School and the University of California San Francisco (UCSF) partnered to gather data on the access and delivery of both behavioral health school health center services at Berkeley High. A Needs Assessment Steering Committee was established, tasked with conducting a comprehensive assessment of the school's health and wellness systems and supports. Consisting of 13 stakeholders from the school community; the committee met 4 times over the course of the assessment to provide input on data collection and develop recommendations to improve health and wellness supports.

The needs assessment used guiding questions drawn from the core components of the CHSC's School-Based Behavioral Health (SBBH) Model¹ as well as access to and quality of school based health services for high school students. The CHSC SBBH model looks at 6 key areas: *Ongoing Assessment, Cultural Responsiveness, Three Tiers of Support, District Capacity, Coordination Practices and Whole School Responsibility*. Additional guiding questions were developed for the focus groups and interviews to gauge access, coordination and integration between the Berkeley High Health Center and Berkeley High. The Berkeley High Health Center evaluation conducted by UCSF and the CHSC was also utilized as a resource. Recommendations based on the findings were developed to improve identified issues.

Primary data collection for the needs assessment was conducted with students, parents, school staff, and other key stakeholders representing BUSD, Berkeley High School and the Berkeley High School Based Health Center. Four focus groups were conducted including 3 with students (n=34 students) and one with the Steering Committee. Additionally, surveys were administered to students, staff and families. In total, 886 student (9th and 11 grade), 108 staff and 178 parent/guardian surveys were completed. Lastly, 8 key stakeholder interviews were conducted with providers, staff, and site and district administrators. To provide context, secondary data from the California Healthy Kids Survey (CHKS) and School-Based Health Center evaluation was also analyzed.

The following is a summary of key findings, followed by recommendations and next steps. The purpose of this document is for the district, key partners and stakeholders to use it as a tool to help shape and implement improvements to the health and wellness system to ensure that all students have access to the supports they need to learn and thrive.

Key Findings

Strengths

I. Dedicated and committed staff providing critical mental health supports:

The quality and commitment of staff and providers supporting students was widely viewed as strength of the health and wellness system. Outside mental health providers were described as providing high quality intensive and early intervention services. In addition, it was noted that some

¹ For a more detailed description of the SBBHI model, see *Alameda County School- Based Behavioral Health Model: Creating Nurturing School Environments* at the CHSC's School Health Works website: www.achealthyschools.org/schoolhealthworks

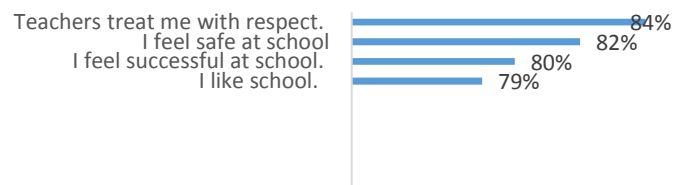
staff without mental health training made efforts to fill the gaps in services by offering students support groups a safe space to de-stress. Informal methods of providing support are widely practiced by academic counselors, SROs (School Resource Officers), SSOs (School Security Officers), and teachers. This all hands on deck approach was seen as both admirable and a reflection of the enormous need for additional social-emotional supports for students.

2. Efforts are underway to improve the school climate and build a more supportive community for students and families:

Some efforts to build cultural sensitivity amongst staff and restorative practices are taking place on campus. A team of staff is dedicated to building community by training other staff around issues of diversity and cultural responsiveness. The vast majority of *Student Survey* respondents felt positively about the school climate, in particular how they are treated and how they feel at school.

Percent of Students who "Agree" with School Climate Statements

Data Source: Student Survey (n=885-892)



3. School Based Health Center providing critical services to Berkeley High students:

Many staff and students view the Berkeley High Health Center as a valuable resource. 1,350 students were seen at the Berkeley High Health Center during the 2015-16 school year, 67% of which returned for at least one subsequent visit. 93% of surveyed students that used the SBHC during the 15-16 school year reported that the health center helped them to get services they wouldn't otherwise get and most reported positive impacts on academic indicators and health behaviors. In addition, many stakeholders reported positive views of the services that the health center provides, such as health education and reproductive health. The health center director's collaborative efforts were highlighted as a strength, as well as the historical role of the health center in supporting the mental health needs of students.

Areas of Growth/Improvement

1. Lack of district leadership and investment in developing a comprehensive Health and Wellness strategy for Berkeley High:

Stakeholders reported "frustration" and discontent with the lack of involvement of district leadership with respect to health and wellness at Berkeley High. It was noted that there has been a historical disconnect between the health and wellness needs of students on the Berkeley High campus and the broader district-wide health and wellness strategy. This "disconnect" was reflected in the lack of consistent participation on the part of district and site leadership throughout the assessment process. This lack of engagement led to challenges with data collection and overall skepticism on the part of key stakeholders about whether the assessment recommendations would be taken seriously by the district. There is currently no one at the district level responsible for overseeing the health and wellness work at Berkeley High. The limited district engagement as well as lack of alignment between leadership and the City of Berkeley around the goals for the health center has led to insufficient resources and limited capacity to implement a sustainable health and wellness plan.

2. Behavioral Health services tend to be heavily focused on intensive intervention and crisis response

While existing providers offer high quality supports to students, services tend to focus on intensive interventions to fewer, higher need students. Many stakeholders explained that a small portion of students with challenging behavior (about 10-15 students) absorb most of support staffs' time and resources, leaving little support available for students that are struggling but not acting out. Key stakeholders noted a recent dramatic increase in the number of students with depression and anxiety, and cases that reach a crisis level. Many stakeholders reported that the behavioral health support services are provided in a reactive manner – addressing one crisis to the next.

3. Limited Coordination between the School Based Health Center and High School around health and wellness

Stakeholders reported general integration and coordination challenges between the SBHC and the larger school community. Confusion about confidentiality (HIPAA/FERPA) and processes for following up on referrals, as well as mistrust and lack of understanding about the role of the SBHC were among the top concerns. Although there are some coordination efforts taking place on campus, such as monthly meetings between the OCI and Special Education with the SBHC staff, and a Student Intervention Team (often referred to as a COST or Coordination of Services Team) stakeholders viewed these efforts as insufficient to meet the needs of the larger school community.

4. Students do not feel that the School Based Health Center meets their needs

There was broad agreement from stakeholders across the board that students and families are unclear about what services are available at the SBHC and/or how to access these supports. *Focus Groups* students cited several reasons for not feeling “comfortable” using the SBHC including: concern about confidentiality and mandated reporting, counselors not being “relatable” (lack of counselors of color or from shared backgrounds), staff turn-over (i.e. interns who provide services for one school year only), front office staff not welcoming. Students also reported that they are hesitant to use the SBHC because often teachers do not allow students to leave class for an appointment or “ask too many questions,” indicating a need for improved education for staff around protocols for students’ accessing the Health Center services.

5. Student and Staff perceive significant racial tensions

Many *Focus Group* participants reported feeling unsupported by staff when it came to issues of racism and discrimination and felt that “teachers don’t call out racism like they should.” According to the “Closing the Achievement Gap” module of the *California Healthy Kids Survey (CHKS)*, 34% of 9th grade and 38% of 11th grade students feel that there is a lot of tension between different cultures, races, or ethnicities (see chart below). Staff perception about racial tensions on campus was similar with fifty-eight percent of *School Staff Survey* respondents reporting that “a lot” of students were affected by racism.

Fairness and Respect for Diversity (Data Source: California Healthy Kids Survey) (agree or strongly agree)	Grade 9 (n=528)	Grade 11 (n=459)
There is a lot of tension in this school between different cultures, races, or ethnicities.	34%	38%
All students are treated fairly when they break school rules.	28%	27%
I have been disrespected or mistreated by an adult at this school because of my race, ethnicity, or culture.	16%	17%

Recommendations

Based on the needs assessment findings, we are making the following recommendations:

Recommendation 1: Build District leadership to develop and oversee the implementation of a BHS health and wellness strategy.

1. Identify district and site leads to drive health and wellness strategy and be accountable for implementation.
2. Establish Berkeley High and Wellness/Mental Health Committee that is **co-lead by BHS and BUSD district administration** with representatives from the City of Berkeley and School Health Center. Develop an operating structure for the committee, clarify purpose and develop shared vision around health and wellness for BHS students and identify core strategies.
3. Fund a full-time Berkeley High School Health and Wellness coordinator (like the district behavioral health consultant) to build capacity and coordinate supports across Berkeley High and between BHS and the SBHC. The coordinator will work with site administration to "hold the work" and drive the implementation strategy.
4. Develop financial sustainability plan to increase health and wellness supports, prioritizing funding for services identified in the needs assessment (i.e. individual and group counseling for depression and anxiety, training and professional development for staff around cultural responsiveness) and securing long term funding for critical support positions such as the Dean of attendance and academic counselors.

Recommendation 2: Build relational trust among stakeholders and health and wellness providers that result in improved coordination of care for youth and their families.

1. Conduct outreach to youth and their families on a regular basis to increase understanding of the continuum of services available at BHS, including the SBHC and how to access these services (i.e. culturally and linguistically appropriate materials, assemblies, resource fairs)
2. Create more "welcoming" Health Center environment (i.e. improved signage, diverse and "relatable" staffing)
3. Create youth leadership, peer mentorship opportunities and service learning projects so that students will feel more engaged in their school community and develop important skills (i.e. student panel or advisory committee)
4. Build capacity of staff to understand the impact of behavioral health on learning so that the entire school community can effectively support students health and wellness needs (i.e. ongoing trainings for staff, analyze capacity of existing staff to provide additional supports)

Recommendation 3: Strengthen Coordination systems to improve service delivery and increase access to health and wellness supports for students.

1. Develop and implement communication plan between the School Based Health Center and Berkeley High staff that includes:
 - a. Establish monthly service team meetings with BHS support staff (including Special Education) and SBHC staff, convened by the Health and Wellness Coordinator and a BH administrator to more effectively serve the students.
 - b. Update LOA between school/district and SBHC every year to set health and wellness priorities and clarify expectations around service delivery, confidentiality, and communication protocols.
 - c. SBHC staff present at all-staff meeting so teachers are aware of how to refer students
2. Create structures to improve collaboration and communication among staff and partners, including non-clinical partners like teachers and classified staff
 - a. Establish Crisis Response Team with identified lead and increase partnerships with outside agencies to provide additional crisis support services
 - b. Revise existing Crisis Response Protocols and include crisis response “flow chart.”
3. Strengthen existing **Response to Intervention team** by aligning with district guidelines, strengthening protocols, utilizing data and designating site administrator to attend weekly RTI meetings and set expectations for provider/staff/ SBHC staff attendance.

Recommendation 4: Improve school climate through a comprehensive Tier I strategy that builds cultures of wellness and healing, is aligned with the district, trauma informed, and culturally relevant.

1. Task Health and Wellness Committee to develop a phased implementation strategy:
 - a. Year one: Health and Wellness committee considers existing work (i.e. such as Restorative Practices, Professional Development Teams), explores options for expansion and growth, and prioritizes various options, and identifies a comprehensive Tier I strategy that builds on the work already taking place
 - b. Year two: Health and Wellness committee develops training plan for school staff and providers and leads roll out.
 - c. Year three: Larger school-wide implementation and evaluation of strategy
2. Create “culture and climate committee” (comprised of staff and students) to develop and implement a comprehensive strategy for **addressing racial tensions on campus and improving cultural sensitivity amongst staff**. Hire an outside consultant to help implement and oversee the strategy and ensure that it is integrated into larger school climate and health and wellness plan.

Next Steps

With the needs assessment findings in mind, recommended next steps for Berkeley High School and partners include:

1. **District and site leadership should jointly develop an action plan** that is based on the assessment recommendations. Creating an action plan will help set the stage for successful implementation of the health and wellness strategy and create a structure of accountability and ownership. The plan should consist of: an overall implementation timeline; clear, measurable goals, objectives and activities that can be accomplished in a specific timeframe and; an identified point person or point people responsible for implementing each step.
2. **Develop and implement a communications strategy** to share the action steps that will be taken as a result of this assessment. Communication would address issues of: *what* action will be taken, *why* such action is critical, and *how* students, adults, and the high school will be better off as a result.
3. **Identify district and site administrative leads** to co-convene Berkeley High Health and Wellness team. This team should meet monthly and include district and site administrators, and representatives from the City of Berkeley and School Health Center. The purpose of this team is to develop and drive the health and wellness strategy for BHS (see Recommendation 1).