Berkeley Integrated Resources Initiative
Schools-Mental Health Partnership

STRATEGIC PLAN

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<td>Building Effective Schools Together</td>
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<tr>
<td>B5AT</td>
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<td>Berkeley High School</td>
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<td>CHKS</td>
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<td>COB</td>
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<td>ECE</td>
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<td>FYC</td>
<td>Family Youth and Children’s Services, Division of Mental Health, City of Berkeley</td>
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<td>HIPAA</td>
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<td>IEP</td>
<td>Individualized Education Plan</td>
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<td>OIR</td>
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<td>SMHP</td>
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<td>SLHS</td>
<td>School-Linked Health Services, Public Health, City of Berkeley</td>
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<td>SST</td>
<td>Student Success Team</td>
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<td>ULSS</td>
<td>Universal Learning Support System</td>
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Acknowledgements

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Overview

Introduction

The Berkeley Schools Mental Health Partnership was formed in 2005 to build a comprehensive and seamless system of school-based, school-linked mental health care, to ensure that all Berkeley students have access to the social and emotional support they need for healthy development and school success. Supported by an Integrating Schools and Mental Health Systems grant1 from the U.S. Department of Education, the partnership conducted an assessment of existing resources and the current system for the provision of schools mental health services, and then used these findings to develop a comprehensive strategic plan. The following plan is intended to serve as a blueprint for the development of an integrated continuum of Universal Learning Supports and Services (ULSS) throughout the Berkeley schools. The plan is based on a collaborative and interagency service delivery model and includes eleven key priorities that serve as a roadmap for systems change.

Background

The Berkeley Schools Mental Health Partnership is part of the Berkeley Integrated Resources Initiative (BIRI), a community wide endeavor launched in 2005 to integrate school and community resources in policy and practice, with a common goal of promoting healthy child and youth development and breaking down barriers to learning. BIRI builds on a longstanding partnership between the Berkeley Unified School District, the City of Berkeley, the University of California at Berkeley and the broader community and weaves together existing institutional change efforts into a single coordinated and unified process. BIRI calls for a systemic change process in which the organizations collaborate along a common vision, language and process, and implement necessary policy changes to sustain the effort over time.

In order to provide structure, direction and a shared theoretical approach to their work, BIRI adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools. One of several frameworks used by BIRI, this model is based on the premise that the “range of barriers to student learning is multifaceted and complex and the number of students affected is quite large… [and therefore] it is reasonable to stress that a comprehensive and systemic approach to intervention is necessary.” This framework, therefore, “conceives the scope of activity as a school-community

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1 The Berkeley Unified School District received this 18-month grant on behalf of the Berkeley Integrated Resources Initiative, to be implemented from September 1, 2006 to March 15, 2007.
continuum of interconnected intervention systems consisting of: systems for promotion of healthy development and prevention of problems; systems for intervening early to address problems as soon after onset as is feasible; and systems for assisting those with chronic and severe problems.” ²

Drs. Adelman and Taylor categorize six Universal Learning Supports in an attempt to capture “the multifaceted work schools need to pursue in comprehensively addressing barriers to learning.” The BIRI Steering Committee has added a seventh category, cultural literacy, to emphasize the importance of supporting children and youth in culturally competent ways and of authentically addressing the health and education disparities within the Berkeley community related to race, origin, and economics.

The categories are:

1. **Classroom-focused enabling** – enhancing regular classroom strategies to enable learning (e.g., improving instruction for students with mild-moderate learning and behavioral problems and re-engaging those who have become disengaged from learning at school)

2. **Support for transitions** (e.g., assisting students and families as they negotiate school and grade changes, daily transitions)

3. **Home involvement with school** – strengthening families and home and school connections

4. **Crisis response and prevention** – responding to, and where feasible, preventing school and personal crises

5. **Community involvement and support** (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)

6. **Student and family assistance** – facilitating student and family access to effective services and special assistance as needed”³

7. **Cultural literacy** – the ability to tailor outreach, engagement, and intervention to the unique cultural and linguistic characteristics of students and families.

Having adopted this framework and supported by the aforementioned federal grant, BIRI set out to evaluate the degree to which Berkeley has a Universal Learning Support System (ULSS) in place to support children, youth and families across the school/community continuum. There had already been a number of assessments and strategic planning efforts in Berkeley to address specific issues related to mental health of children and families. However, using this ULSS framework made it clear to the cross-disciplinary team of planners that an effort was needed to bring past and current planning efforts together under this umbrella. Hence BIRI commissioned this effort to gather qualitative and quantitative data from many disparate sources into a coherent report.

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² *Addressing Barriers to Learning*, Volume 11, Number 3, Summer 2006, pg. 3.
³ Ibid.
Summary of Assessment Findings

Why a Universal Learning Support System?

The assessment was conducted from October 2005 through June 2006 to provide a comprehensive picture of the current state of Berkeley children and children services and incorporates information from a variety of sources. Information was derived from school district archival data, parent focus groups, surveys of schools and learning support providers, and from other reports and strategic plans conducted in Berkeley over the past 24 months. The assessment identified the following issues:

- A significant academic performance disparity between African American and Latino children and their White and Asian peers
- A significant disparity in disciplinary actions disaggregated by race/ethnicity
- Higher utilization of mental health and special education resources among African American children and youth as compared with their peers of other racial/ethnic groups
- Mental health and support services that are fragmented and inconsistent with no clear and coherent school-based prevention and early intervention strategy that is universally applied across the school system
- No comprehensive assessment and coordinated/integrated intervention system that provides culturally competent and research validated services that is universally applied across the school system
- Intervention strategies that emphasize individual and group counseling with no or limited school staff collaboration and family engagement or integrative planning
- No systematic evaluation framework or methods for consistently collecting and sharing data that would efficiently and effectively inform all key stakeholders as to the effectiveness of services and programs and the resulting impact on child/youth outcomes

(Note: For more detailed information regarding the assessment and its results, please refer to the BIRI Universal Learning Support Services Assessment Report, January 2007.)

What other evidence points to the need for a Universal Learning Support System?

Concurrently, a number of other significant systems change efforts were underway in Berkeley including:

- A strategic plan for the Family, Youth and Children’s Services Division of Berkeley Mental Health.
- The planning process for implementation of California’s Mental Health Services Act in Berkeley.
• The Consent Decree mandating BUSD to engage in a planning process and to establish an action plan to address due process issues related to suspensions, expulsions, and involuntary transfers, especially with reference to African American and Latino students.

• BUSD’s Special Education reform process seeking to: 1) normalize the need for and the provision of learning supports, regardless of formal Special Education designation; 2) minimize inappropriate Special Education designations that are sometimes done simply to ensure that marginally eligible but struggling students get assistance; and 3) serve students in the least restrictive and most normative settings possible.

• The Mayor’s Task Force on Health Action Plan which identified as key priorities: 1) the need for a coordinated mental health service delivery system across the age span from prevention through treatment; and 2) to significantly reduce the use and abuse of alcohol, tobacco and other drugs.

• The Birth through Five Action Team, a citywide workgroup promoting school readiness and working to develop a seamless system for the provision of early childhood mental health and learning supports and services for children birth to five and their families.

In sum, all of these efforts have converged on the need for a more systemic approach to serving the diverse needs of children and youth in Berkeley. Lack of a comprehensive system of services from prevention through intensive intervention is cited again and again as a serious problem in the Berkeley community.

What is a Universal Learning Support System?

A Universal Learning Support System (ULSS) is constructed to provide appropriate services to all children and youth who need them to be successful academically, behaviorally and socially. To accomplish this goal, a ULSS must have an appropriate continuum of highly accessible services, ranging from the least to the most intensive, and the ability to deploy them equitably to children, youth and families based on need. The system would be based on the framework of Drs. Adelman and Taylor and be a single, unified, interagency coordinated, and integrated system of services and supports. The system would be funded, staffed and governed by all relevant public and private agencies and community organizations that share the goal of promoting healthy children, youth, families and communities.

What must be done to ensure that a Universal Learning Support System is created?

Creating a successful ULSS in Berkeley will require systemic commitment from all key stakeholders, especially by the Berkeley Unified School District and the City of Berkeley Department of Health and Human Services. A formal Memorandum of Understanding must define the parameters of this relationship, including such challenging issues as: 1) operational deployment of City staff to school sites to provide services; 2) protocols for assessment, intake, service, follow up, and accountability; 3) data sharing arrangements related to billing and
“need-to-know” aspects of client outcomes; 4) funding arrangements that maximize insurance and federal/state financial participation; and 5) cross-training and collaboration that result in effective services and communication on-the-ground.

An inclusive planning group, the Schools-Mental Health Work Group (SMHWG), was convened to oversee the planning and development of the Universal Learning Support System in Berkeley. The SMHWG included representatives of the Birth to Five Action Team; City of Berkeley Mental Health and Public Health Divisions; Berkeley Unified School District Special Education, Office of Integrated Resources, and Board of Education; community based organizations providing mental health services; and the Berkeley Alliance.

The SMHWG, under the guidance of the Berkeley Alliance and the BUSD Office of Integrated Resources, and with the results of the assessment described above, developed the following statements and plan for system improvement and development of the ULLS. The SMHWG offers this plan to the policy makers of Berkeley with the expectation that substantial implementation of this plan can only happen with the adoption of a formal Interagency Agreement by the City Council and Board of Education.
The Berkeley Schools Mental Health Partnership

Mission

The Berkeley Schools Mental Health Partnership is an interagency collaboration committed to building a comprehensive system of school-based and school-linked mental health care, for the purpose of ensuring that all Berkeley students have access to the social and emotional support they need for healthy development and school success.

Outcomes

1. Children are healthy and ready to succeed in school.
2. Students and their families have early access to quality services and supports.
3. Students are engaged and feel safe and supported in school.
4. Schools are able to support the learning needs of all students.
5. Strong family-school-community partnerships for student success.

Indicators of Success

1. Improved academic performance.
2. Improved attendance.
3. Reduction in school suspensions.
4. Reduction in special education referrals.
5. Increase in percentage of special education assessment referrals that result in an IEP.
6. Improved resources to the schools.
7. Increased collaboration and coordination among educators and service providers.
Guiding Principles

Our principles guide our decision making on priorities, strategies, accountability and resource allocation as we pursue our mission as the Schools Mental Health Partnership.

We Believe...

- That school, home, and community resources together provide the Universal Learning Supports necessary to promote healthy development and address barriers to student learning.
- School-Based mental health services address the needs of the whole child and support social and emotional development and learning for all students.
- That a continuum of care includes prevention, early intervention and intensive intervention when needed.
- In an integrated and seamless system of care, supports and services.
- That the continuum of services and service systems should be based upon and adapted from proven models.
- That all children, youth and families should have equal access to services and resources in proportion to their needs.
- That cultural competence must be integrated in all aspects of the system of care.
- An ecological approach considers the interaction of family, community, school, economics, public systems, and biology on the well being of the child or youth.
- An asset-based and family centered approach builds on the skills, talents, strengths and resources of children and families.
- That partnerships based on trust form the foundation of successful school communities.
- In a system of care that is outcome driven and where all key stakeholders have responsibility and are accountable for results.

Universal Learning Supports in Schools

We believe that the role of schools is to promote healthy development and address barriers to learning by creating a Universal Learning Support System for students that is fully integrated with school improvement efforts. Learning Supports, according to the California Department of Education (1997) “is the collection of resources (school, home, community), strategies and practices, and environmental and cultural factors in and extending beyond the regular classroom curriculum that together provide the physical, emotional and intellectual support that every child and youth needs to achieve high quality learning.” To create such a system, schools must develop active partnerships with public institutions, community agencies, families and service providers.
Priorities—Key Areas of Performance

As a result of the strategic planning process, eleven key priority areas for systems improvement and change were identified:

1: Integrated School Mental Health System

2: Positive Behavior Supports

3: Parent & Family Engagement

4: Early Intervention

5: Early Childhood Mental Health

6: Intensive Intervention Services

7: High School Students

8: Coordinated School Health System

9: Build Capacity

10: Interagency Financing

11: Accountability

The following is a description of each of the eleven key priority areas and an outline of specific strategies to address the goals and objectives related to each area. In addition, measures of success for these areas and strategies are described.
PRIORITY #1: INTEGRATED SCHOOL MENTAL HEALTH SYSTEM

Build an integrated school mental health system for children, from birth to 18 years, with a full continuum of services and supports that are institutionalized through a structured interagency partnership, including the governance, staffing and organizational infrastructure necessary to carry out the work.

Strategies

1. Berkeley Board of Education formally adopts a commitment to ULSS as a core component of its overall educational mission and practice.

2. Establish BUSD’s Office of Integrated Resources (OIR) as the coordination hub for the Schools Mental Health Partnership with dedicated administrative support to sustain the involvement of all partners.

3. Create a Universal Learning Support Interagency Leadership Team (Leadership Team) to lead and manage the implementation of the Schools Mental Health Plan and to make improvements and recommendations for policy and practice for successful implementation. The activities of the leadership team will be coordinated through the Office of Integrated Resources.

   Team Members:

   The Leadership Team will consist of the Manager of Integrated Resources, OIR, BUSD; Family, Youth and Children, Berkeley Mental Health (FYC); Program Supervisor, School-Linked Health Program Coordinator, Berkeley Public Health (PH); a representative from the Birth to Five Action Team (B5AT); and the Executive Director of a local youth serving nonprofit agency (with mental health services).

   Organizational Structure:

   Team members work directly with and/or have access to decision makers in their respective organizations. Team members will meet regularly to coordinate implementation, create supporting documents and systems, troubleshoot, and re-design where necessary.

   Core team members are connected with key partners in the schools, city and community. Any of these partners may be directly involved in making decisions in relevant areas. Partners may also bring ideas and concerns to the core team.

   The leadership team will make decisions based on consensus. The team will operate with the understanding they are representing the leaders of their respective organization, and of the BIRI steering committee. To ensure effective operation of the mental health system, all parties will have to agree to a set of terms.

4. Establish Universal Learning Support Teams (ULSS Teams) at each school site with the following responsibilities:
• assess and develop learning support resources and continuum of care;
• establish and maintain system for delivering learning supports;
• screen all students by use of snapshot meetings, assessment walls, and related practices,
• refer and follow-up on all learning support referrals to ensure early intervention and access for students;
• ongoing documentation and use of data to drive resource allocation decision-making;
• manage communication across systems (school to provider, school to school, etc.)

ULSS Teams will include the school Principal or vice Principal, a special educator, Student and Family Support Coordinators, a Family Liaison, and an After School Coordinator.

5. **Significantly expand school-based mental health service capacity by establishing a Student and Family Support Coordinator** at every elementary and middle school and a team of Student Support Coordinators for Berkeley High School and B-Tech to assist students in accessing appropriate learning supports and systems.

   a) Student and Family Support Coordinator specific responsibilities include:
      • Facilitation and/or active participation as a member of the school site ULSS Team
      • Serve as a mental health access point for community providers, educators, and parents
      • Provide mental health and behavioral consultation to educators
      • Assess students to inform care plan and type of service needed
      • Link students to mental health services and supports
      • Oversee care coordination of students receiving mental health services.
      • Provide mental health services as appropriate
      • Oversee and coordinate with all other mental health providers/interns on the school site.
      • Follow all protocols defined by the Partnership.

   b) Restructure the role of current mental health providers to Student and Family Support Coordinators.

   c) Create an interagency team of Student and Family Support Coordinators drawing from a pool of school psychologists, mental health providers and middle school counselors. Coordinate the team at the district level through the Interagency Leadership Team of the Office of Integrated Resources.

6. **Convene the Universal Learning Support District Council (ULSS Council) through the Office of Integrated Resources** three times a year to assess learning support needs at school sites, provide technical assistance and training, identify systems improvements needed, coordinate funding, share experiences and reflect on outcomes/data.
Formal members of the Council will include the Office of Integrated Resources, the Interagency Leadership Team, Student Services and Ed Services staff, Principals and members of the ULSS school teams. Council meetings may consist of all or a subset of members.

7. **Convene Interagency Services Team of all mental health providers on a regular basis for evaluation, coordination and problem-solving.** Create a team at the district level with all providers working in the schools to serve as a learning community and to create continuity and consistency in services across the schools.

8. **Adopt school mental health protocols and Standard Operating Procedures for educators and school-based mental health providers to improve service delivery and accountability.**
   a. Create a single-access point for mental health services by developing a universal referral form and process for parents, mental health providers and school staff to refer students.
   b. Design a ULSS interagency consent form for students/families.
   c. Establish care coordination system to be used by all providers.
   d. Develop streamlined data and tracking systems for referrals, care coordination and evaluation.

**Measures of Success**

- An interagency governance group is developed to design and guide the implementation of the new service delivery system.
- Mental health protocols adopted and annual cross-training with educators and mental health providers to support implementation of protocols.
- A Family and Student Support Coordinator designated at each school.
- A ULSS Team in every school including a specialized preschool ULSS Team.
- Mental Health Clinicians from FYC or nonprofit agencies dedicated to the provision of a wide variety of school mental health services, co-located at each school and participating in the ULSS Team.
- Well functioning district-level Interagency Services Team comprised of public and nonprofit providers, coordinating mental health services across the district and providing services according to universal district-wide protocols.
PRIORITY #2: POSITIVE BEHAVIOR SUPPORTS

Adopt and implement Positive Behavior Supports in the schools to build inclusive and effective school environments for teaching and learning that promote social and emotional development and learning for students.

Positive Behavior Supports will be established through the adoption of the “Building Effective Schools Together” (BEST) model, which provides a standardized training program designed to improve school climate and classroom discipline for all students. Program components address school-wide, non-classroom, classroom and individual student interventions and the program includes content related to school-wide discipline, classroom management and individual student supports. The program aims to train representative school team members to develop and implement school rules, rule teaching, positive reinforcement systems, data-based decision making at the school level, effective classroom management and curriculum adaptation, including an introduction to functional behavioral assessment and positive behavioral intervention.

Strategies

1. Charge Educational Services with developing a roll out plan for implementation of BEST in the district.

2. Form teams at each school site to guide implementation of BEST.

3. Develop the skills and expertise of school staff by developing trainers at each school who complete a three-day Training of Trainers curriculum.

4. Ensure that all school psychologists, special education staff, after school coordinators, and Student and Family Coordinators are trained in the BEST modules.

5. Dedicate a full time Behavior Specialist position at the district to train and coach school staff and support implementation in the schools.

6. Appoint an FYC clinician to coordinate mental health providers’ participation in BEST training and site based implementation of the BEST model.

Measures of Success

- School data on behavior referrals are being tracked, and interventions are being devised based on analysis of this data.
- All school-based providers are oriented, trained and buy into the BEST prevention framework.
• All school staffs are trained in the BEST prevention framework, and they understand and commit to implementing the model as part of their commitment to supporting mentally healthy children.

• All schools regularly use the BEST prevention framework and curricula that support respect for diversity, development of interpersonal and social skills, and strategies for reflection on one's own behavior.

• Measures of school climate improve over time – especially demonstrating decreases in bullying and other violent and harassing behaviors as reported by teachers, students and parents.
PRIORITY #3: PARENT & FAMILY ENGAGEMENT

Promote parent and family engagement within the district and community by increasing resources to encourage, support, and empower parents to engage with schools and their children’s education.

Strategies

1. Link Family Liaisons to every elementary and middle school to outreach and connect with families, link families to resources, and assist with care coordination for students receiving intensive services.

2. Actively engage families/caregivers in devising, implementing and evaluating strategies that support the healthy development of their children in an environment of mutual respect, trust and openness.

3. Create parent leadership teams at each school site to assist families in interfacing with schools and develop strategies to help schools address the achievement gap.

4. Help schools to be more culturally competent in working with parents of multiple cultural and ethnic backgrounds by providing expert training and consultation.

5. Increase the capacity of current parent support efforts through fund development and citywide collaboration of parent support groups.

6. Integrate parent programs at BHS to enhance and coordinate family support across the school community.

Measures of Success

- Increased parent/guardian participation in SSTs, SARTs, and Parent Conferences, especially among traditionally underrepresented groups.
- Increased parent/guardian participation in parent leadership training.
- Increased parent/guardian satisfaction with the cultural competence and parent/guardian friendliness of their children’s schools.
- Parent support leaders, either parents or staff, are trained and dedicated to supporting and empowering parents and guardians.
- The ethnicity and socioeconomic demographics of each school’s governance council (K-12) reflects the ethnicity and socioeconomic demographics of that school body.
- Translation is provided for all school communications especially in Spanish.
• The BUSD Parent Outreach Program provides support and supervision to all site-based parent leaders and convenes a Parent Outreach Advisory Committee that is representative of the BUSD student population.

• Family Liaison linked to every school in the district.
PRIORITY #4: EARLY INTERVENTION

Expand use of research-validated, early intervention services to better meet the needs of children who are experiencing social, emotional, or behavioral difficulties, and to build the capacity of schools to prevent the escalation of academic and mental health problems.

Strategies

1. **Shift the practices of mental health providers from a primary focus on individual therapy as an early intervention, toward the use of practices that are proven to be more effective in a school environment.** Such practices emphasize serving students within the broader ecological context of the school and involving families, teachers, and staff in the process. Examples of such practices include: social skills coaching for students on the school yard, teacher consultation and support, Check In Check Out (CICO) or similar behavior education plans (active supervision), psycho-educational student groups on topics such as conflict resolution, anger management, or peer relations.

2. As a function of special education reform shift a percentage of school psychologist time from a sole focus on special education students toward providing evidence-based early intervention mental health services.

3. **Track behavior/office referrals** using a SASI compliant system and ensure appropriate triggers for universal referrals so that students with multiple behavior incidences receive intervention early on.

4. **Strengthen use of Student Success Teams (SSTs).** Train and develop staff capacity to use SSTs as a forum for comprehensively assessing individual student learning needs and creating effective intervention plans with all key partners (parents, teachers, and service providers).

5. **Develop care coordination systems (case management) at each school site** drawing from their innovations and resources to ensure early intervention, service access, case management, linkage with community agencies, record keeping and follow up.

6. **Expand and strengthen school-community partnerships** that increase access for students and their families to early intervention services and supports both in the schools and community.

7. **Strengthen services and supports as well as the integration of service systems to address specific risk factors** such as drugs and alcohol, out of school time, bullying and community safety.
   
a. Integrate services for children, youth and families within the City’s Department of Health and Human Services in the areas of health, mental health and drugs and alcohol.
b. Integrate after school, enrichment, recreation and summer programs across systems including between the City’s Parks and Recreation Department, BUSD’s After School Programs and youth serving organizations.

**Measures of Success**

- Increased use of a wide range of intervention modalities based on the specific needs of the student and their family are being utilized with a shift from individual counseling to interventions emphasizing family engagement and teacher consultation or other best practices.

- A comprehensive care coordination system is established at each school site.

- Increased and greater consistency in the use of the SST and greater satisfaction with SST follow through.

- Evidence of cross systems integration in serving children, youth and families within the City of Berkeley. (e.g., integration in the City Health and Human Services Department in the areas of health, mental health and drug and alcohol services, and with the Department of Parks and Recreation)

- Community agencies report better working relationships and formal partnerships with the schools.
PRIORITY #5: EARLY CHILDHOOD MENTAL HEALTH

Invest resources in early childhood mental health. Build the capacity of early care educators and providers to identify mental health issues and provide early access to resources and support for children birth to five and their families.

Strategies

1. Provide information, training and consultation to Berkeley childcare providers, both center- and family-based, to promote early identification of mental health and other developmental concerns and provide resources, support and access to systems and services.
   a. Create a “Map of Services.”
   b. Provide information by creating 200 packets for all licensed providers and pediatricians (CDC, Department of Education, etc.) which will be distributed annually.
   c. Create a “Training Series” for centers and one for family providers on basic mental health and developmental screening skills, “How to Talk to Parents about Concerns”
   d. Provide individual consultations with providers on how to access services for children through the Community Response Team (see below).

2. Establish a “Universal Learning Support and Services Team for BUSD Preschools.” This team would screen all referrals for learning supports for preschoolers, work with the CRT to identify services and make referrals and linkages. The team would also ensure continuity and transition into Kindergarten so that care plans are in place. They would also be the team to which childcare providers could refer parents to support transition of children with learning support needs into Kindergarten.

3. Integrate preschool providers into the district-wide BEST training and systems development so that there are similar behavioral expectations from preschool through the school system, for example using the same discipline and consequences.

4. Create a Citywide Early Childhood Community Response Team to provide mental health consultation for providers, pediatricians, etc. who work with children birth to five. Finance the team through interagency collaborative funding (BMH, HeadStart, BPH, CBOs).
   a. This would be an Interagency Team for screening, assessment, behavioral consultations with teachers and parents, and linkages for referrals.
   b. Members: Child Development Specialist & Mental Health provider with a liaison to a Special Educator, Public Health Nursing.
Measures of Success

- A specialized preschool ULSS Team is designed and operational.
- A Community Response Team (CRT) is financed, staffed with protocols and procedures operational.
- Early Childhood providers and educators indicate increased knowledge and access to mental health resources and services for children in preschool.
- Parents have increased early access to mental health resources and services for their children.
PRIORITY #6: INTENSIVE INTERVENTION SERVICES

Establish intensive intervention services that identify and reduce the escalation of acute and persistent behavioral health problems and enhance the capacity of schools to provide quality interventions for children before crises occur.

Strategies

1. Deliver comprehensive, functional behavioral support plans to provide comprehensive support to students with escalating mental health issues. Train all school psychologists, special education teachers, and mental health providers on providing secondary and tertiary positive behavioral support (PBS) services to students with escalating behavior difficulties. Ensure that every school has at least one skilled individual who can skillfully employ PBS methodology to assess escalating student behavior and lead the ULSS team in creating and delivering an individualized behavior support plan. Ensure that:

   - Referrals are made through the universal referral system.
   - The ULSS team responds promptly to students who present chronic problem behaviors, by determining the need for functional behavioral assessment, and if necessary, initiating functional assessment-based behavior support planning.
   - Significant family and/or community members are involved when appropriate and feasible.
   - School includes formal opportunities for parents of individual students to receive training on implementing the behavior support plan.
   - Behavior is monitored and feedback provided regularly to the ULSS team and relevant staff.

2. Expand K-12 counseling-enriched program options to serve students and families with intensive mental health needs. Students in these programs will receive a clearly defined, standards-based education delivered with a differentiated instructional methodology, along with the emotional and behavioral support that will allow them to function effectively at school, at home and in the community. Classrooms will be created at BUSD elementary, middle and high schools based on need.

   a. Classroom instruction will be led by BUSD teachers. Day treatment services, including behavioral support, will be provided collaboratively by mental health providers, school psychologists, and BUSD instructional assistants. All classroom staff will jointly participate in trainings geared toward working successfully with students who have serious behavioral and emotional issues.

   b. Students who are designated as “emotionally disturbed” and currently attending non-public schools, who qualify for placement in a non-public school, or are currently in a BUSD counseling-enriched program will receive first priority for admission. Second
priority will be for students who, through a special education assessment, are
designated “emotionally disturbed” and whose difficulties clearly warrant placement in
the counseling-enriched program.

3. **Establish an Interagency, Community Response Consultation Team** at the district level to
develop comprehensive service plans and secure case management for students and families with intensive behavioral, social and/or emotional support needs. Examples of student behaviors and issues targeted by this program include chronic conflict with and aggression toward other students and/or adults, property destruction, hyperactivity, poor impulse control, chronic truancy, and depression.

   a. The community response team’s function will be to review and assess the case, and then assign a case manager from within one of the participating organizations. Consultation team members will minimally include: a senior clinical social worker from Berkeley Mental Health, a public health nurse, a parent advocate, a representative from Alameda County Social Services Agency, a special education program supervisor, and one or more representatives from a youth/family serving community agency. The community response team will be coordinated through the Office of Integrated Resources.

   b. Students will be referred to the team through the school-site’s SST process. Referring teams will follow specified protocols that will include parent/guardian consent, documentation of difficulties and incidences and attempted support efforts.

   c. Once the consultation team assigns a case manager, that individual will meet with the family and the school to initiate a service plan. The service plan will be geared toward helping the student function safely and effectively in school, at home, and in the community. Once implemented, the case manager will follow up regularly with the school and the family to ensure that effective and adequate support is being provided.

4. **Create a more effective school crisis response team** based out of Family Youth and Children’s Services that will ensure that crisis victims get immediate mental health support and witnesses get support that can prevent the development of mental health problems.

**Measures of Success**

- Reduction in use of non-public schools and corresponding increase in use of counseling-enriched classrooms within BUSD to serve children and youth with serious emotional and behavioral problems.

- Increased use of assessment and intervention systems to maintain children and youth with emotional and behavioral problems in mainstream programs and diminish the use of suspension and expulsion in addressing their behavioral issues.

- All schools have a PBS trained staff member who can assist the school ULSS team and administration in use of PBS strategies to address the needs behaviorally challenging children and youth.
• Annual school climate ratings and biennial CHKS survey results indicate diminished concern about disruptive student behavior on campus (e.g., bullying, harassment, intimidation).
PRIORITY #7: HIGH SCHOOL STUDENTS

Develop and implement an action plan for a Universal Learning Support System at Berkeley High School, with a full continuum of mental health supports that addresses the unique characteristics of the school and student body.

Strategies

1. Restructure the Coordinated School Health Council and Support Providers Network into a unified Universal Learning Support Team, coordinated by a Berkeley High School administrator, the Health Center Director, and the Office of Integrated Resources, that will:
   a. Assess and analyze how students currently access learning supports at Berkeley High School.
   b. Develop and implement a coherent and transparent learning support delivery system at the high school that is easy for teachers, staff, students, parents, and providers to understand and access.
   c. Reorganize and integrate existing learning supports to inform the high school ULSS delivery system.
   d. Create a user friendly learning support resource guide that is accessible to teachers, staff, students, parents, and providers.

2. Raise funds as needed to enhance the ULSS system and mental health supports at Berkeley High School.

Measures of Success

- A comprehensive assessment of ULSS services and systems is completed at Berkeley High School.
- A ULSS system is devised with clear guidelines for referral, assessment, follow up, services, and tracking of outcomes.
- Students, teachers and parents report greater satisfaction with the ULSS system of supports and the transparency of the system for the end user.
**PRIORITY #8: INTEGRATE HEALTH INTO ULSS**

Increase the capacity of BUSD in partnership with the City’s Public Health Division and primary care providers to implement a *coordinated school health system* that promotes social, emotional and physical wellness for students and their families.

**Strategies**

1. Identify ways to integrate physical health and safety into broader educational initiatives, making explicit the links between health and academic outcomes.

2. Build a continuum of school linked public health services and programs by addressing health at the systems, practitioner and individual levels to reduce fragmentation and duplication, and increase integration of current health related services and programs.

3. City of Berkeley’s School Linked Health Services (SLHS) Public Health Nurse serves as a consultant, specifically in the areas of physical health, both to school administration and to elementary school staff and families.

4. SLHS serves as a liaison between BUSD and the City’s Public Health Nurses (who provide targeted case management services) and a health referral network.

5. SLHS supports stronger linkages between City’s Health and Human Services programs in order to build more productive inter and intra agency collaborations.

6. SLHS builds venues for a mutual exchange of information, ideas and resources between community members and the Public Health Division.

7. Conduct an assessment of the health related strengths and needs of BUSD’s elementary school population to elucidate the most effective and culturally appropriate systems for prevention and intervention.

8. Conduct an assessment of BUSD capacity to address the health and safety of facilities, staff and families.

**Measures of Success**

- BUSD adopts health and safety policies.

- There is a stable health screening process with effective follow-up in place.

- A coordinated referral system from elementary schools to Public Health Nurses exists and these referrals are tracked.

- There is an accurate profile of health and health insurance status of the elementary school population.

- Parents and students report greater access to health services via the annual school climate survey and CHKS results.
• Practitioners and schools report greater coordination and improved access to health-related education and services.

• New BUSD policy development in the health arena benefits by consultation from the Public Health Division, as measured by annual surveys of school-site, district, and Public Health administration and staff.

• Program planning is based on input from both community and families.

• An evaluation of the first-year rollout of School Linked Health Services program is designed and conducted. Based on the results, develop a scope of work for year two.
PRIORITY #9: BUILD CAPACITY

Build the capacity of schools and practitioners to deliver effective mental health interventions at the individual, group and school levels through consultation and professional development.

Strategies

1. **Conduct conjoint BEST training of trainers** for school psychologists, Student and Family Support Coordinators, school BEST team representatives, and After School Coordinators.

2. **Train Mental health providers in research validated practices to expand their repertoire of service methods** to address individual student needs and enhance the capacity of schools to address student needs.

3. **Student and Family Support Coordinators provide consultation and training to educators** on recognizing emerging mental health issues among students and working effectively with the students identified.

4. **Develop the expertise and institutional capacity of the City HHS, District and Site Administrators** to implement and sustain the continuum of mental health learning supports through participation in the systems change process, consultation and training.

Measures of Success

- Staff participate in Interdisciplinary Training Institute annually
- Mental health providers receive training on a wide variety of behavioral intervention techniques and incorporate strategies into their practice and provide expert consultation to school site at which they serve.
- School personnel indicate that they have access to expert consultation on behavior management issues and receive useful assistance from their ULSS Team on site.
PRIORITY #10: INTERAGENCY FINANCING

Develop an **interagency finance strategy** to fund the continuum of care, including redirection of current funds, maximizing insurance billing and raising of private funds.

**Strategies**

1. Secure a commitment from partners to leverage each other’s resources creatively to finance the ULSS.
2. Evaluate the potential of existing financing systems (e.g., MAA, EPSDT) to expand to meet the service needs of Berkeley children, youth and families.
3. Form an interagency team to develop a diversified finance strategy including redirection, maximizing insurance billing, leveraging new public funding, and attracting private funding.
4. Learn from successful sustainability strategies being used in similar communities around the state.

**Measures of Success**

- An assessment of public funding capacity is completed including research on strategies utilized in other areas of the country.
- An interagency Financing Team is formed and designs/implements a coherent strategy for funding the system including a long term sustainability plan.
- The interagency Memorandum of Understanding reflects a commitment of the public sector to maximize resources through collaborative/braided funding strategies.
PRIORITY #11: ACCOUNTABILITY

Focus on accountability for results by developing a data-driven system with clear measures of success, integrated intake and data collection/reporting tools, and shared ownership for results.

Strategies

1. Interagency assessment to determine the data collection needs of the ULSS, identify potential solutions, and recommend a HIPAA-compliant, citywide system to the Berkeley Integrated Resources Steering Committee that is affordable, effective and user-friendly.

2. The ULSS adopts and implements an evaluation and information system that generates results data and informs systems improvements and policy decisions for all key stakeholders.

3. Common intake and reporting frameworks are adopted by all ULSS partners.

4. Regular review of process and outcome data accurately reflect types of services provided, diagnoses, demographics, behavioral incidents, and measures of success.

5. Regular analysis of service data provides policy makers and administrators with accurate and useful trend information for making programmatic adjustments and policy changes.

Measures of Success

- An interagency Results Team is developed to assess and create data integration and evaluation framework and strategy.

- Key partners commit funds for data collection system and evaluation.

- Partners develop plan with University of California-Berkeley for multi-year evaluation.

- Data system is in place and used routinely for publicly funded and school-based services.

- All ULSS partners utilize common protocols and procedures for accurate data collection and evaluation for yearly outcome/results reports.