

# Mental Health Needs Assessment 2023

## Berkeley Unified School District



# Mental Health Needs Assessment 2023 Berkeley Unified School District

This report was developed by RDA Consulting under contract with the Berkeley Unified School District and through funding from the Mental Health Student Services Act.

RDA Consulting, 2023



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## Executive Summary

### Background

The Berkeley Unified School District (BUSD), in collaboration with the City of Berkeley Mental Health Division (BMHD), engaged RDA Consulting (RDA) to conduct a mental health needs assessment to inform how the district may best use and allocate grant funding from the Mental Health Student Services Act (MHSSA) and establish a sustainable environment that fosters improved mental health and wellness for students



and families.

This assessment furthers the commitments made by BUSD in their application for MHSSA grant funding and will provide the district with a foundation for establishing a strategy to support the mental wellbeing of students, families, and staff in upcoming years.

## Process

An assessment planning team, with representation from BUSD, BMHD, and RDA, conducted the assessment between April and June 2023. A multi-faceted engagement and data collection process, including focus groups and interviews with administrators, staff, providers, students, and families alike, grounded the assessment process and was paired with secondary data review from previous assessment periods, state and national reports on mental health, school-based demographic, and outcome data, as well as use of the California Healthy Kids Survey.

Findings were identified from this data collection and analysis period and presented to BUSD administrators and representatives of the MHSSA advisory board. Additionally, recommendations for district efforts and actions for focused attention have been made to further the district's commitment to supporting students to succeed academically, physically, socially, and emotionally during their time at BUSD.

## Findings & Recommendations

Findings identified from data analysis were grouped into three core tiers of support and impact and aligned with recommendations as to how BUSD might work to better address the concerns and needs of staff, students, and families and/or improve upon initial work and systems in place across the district in upcoming years. The three tiers of support and impact include:

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- Administration & District-wide
- Students & Families
- Staff & School-sites

These three groupings represent both the primary stakeholders within BUSD and the groups with the greatest impact from the recommendations.

In addition to the core tiers identified, there are four overarching themes identified that will be essential for BUSD to centralize in their work to prepare for and implement recommendations made. These themes include:

- **Creation and sustainability of a diversity-informed environment.** Staff and families spoke to the ongoing work to address student needs through a trauma-informed lens. However, families of color resoundingly shared that services and supports have not been focused towards honoring the diversity of student backgrounds and experiences; as a result, a culture of exclusion and inequity persists. A focused approach to improvement that addresses racial disparities experienced by students and families will

be imperative to overall success and improved culture at BUSD.

- **Equitable distribution of resources and services.** School sites across the district primarily operate independently and differ greatly in their ability to coordinate resources for their students due to budget, space, and staffing differences. This is greatly impacted by income disparities across the district as many school sites rely on PTA funding supports for student services and mental health program support funding.
- **Development and support of district-wide protocols, policy, and process.** There is a current lack of unity, cohesion, and clarity of staff roles across school sites leading to inefficiencies of service delivery, unsustainable practices, staff burnout, and family confusion and disengagement.
- **Focus on student wellbeing and prevention focused interventions.** At present, there is limited capacity to support students and families to achieve and sustain mental health and wellbeing from a prevention focused model. Interventions that exist are more heavily focused on treatment rather than prevention activities. Family struggles (e.g., housing insecurity, job loss, substance use and addiction) deeply impact students and there is a lack of navigation support and capacity to help families improve their health. More proactive prevention support would further benefit student wellness across mental, emotional, physical, and academic areas.

This assessment is intended to identify and clarify the needs of students and families as well as provide recommended actions for BUSD to consider for improving the district's work to support student mental health and wellbeing. The mental health needs assessment, as presented, provides a starting point and foundation for moving into a period of deeper collaboration and strategy setting for the District's approach to serving students, families, and staff.

## Introduction

The Berkeley Unified School District (BUSD) provides education to roughly 9,400 individual students. The District supports eleven elementary schools, three middle schools, one comprehensive high school and an alternative high school. Additional District and school-site demographics are included in [Appendix A](#).

The City of Berkeley Mental Health Division (BMHD), through a collaborative planning process with BUSD administrators, staff, and community members, applied for Mental Health Student Services Act (MHSSA) funding from the Mental Health Services Oversight and Accountability Commission (MHSOAC). This funding was applied for at the end of FY2021 to support and increase capacity to address pressing mental health and wellness needs of students within BUSD. In seeking funding, BMHD in partnership with BUSD identified three priority areas for use of MHSSA funds. Those included:

1. The identification and support of dedicated **staff to facilitate relationship building** and service coordination between BMHD and BUSD.
2. An **increase in services to address BUSD student's most pressing mental health needs** through greater availability of on-campus care and treatment, navigation support for parents and caregivers, and more focused training for school staff related to student mental health and wellness.

3. Support for the completion of a **comprehensive needs assessment and strategic planning process** to inform and establish a long-term strategy for BUSD's approach to student mental health and wellbeing.

Through MHSSA funding awarded, BUSD has successfully filled the position of Mental Health Coordinator as well as a MHSSA Care Navigator. These BUSD positions have since established strong relationships and alignment with the BMHD Student Mental Health Liaison. Together, initial work to establish a district-wide plan for mental health has commenced. The completion of this mental health needs assessment is a core component of informing a district level plan and providing foundational knowledge and awareness to student and families' needs as BUSD looks to establish a long-term strategy for mental health services and supports.

## The Mental Health Student Services Act (MHSSA)

The [Mental Health Student Services Act](#) (MHSSA)<sup>1</sup> provides grants to support the establishment and improved integration of partnerships between local (county or city) mental health agencies and local education agencies (e.g. school districts) to deliver school-based mental health services and supports to students and their families.

## The Status of Student Mental Health

There continues to be growing concern and attention to the mental health and wellbeing of students. **The mental health crisis impacting students and families has been increasing in severity for several years, and three-years of pandemic disruption has only exacerbated this** and left educational institutions

**MHSSA partnership programs should include work to address the following goals:**

- Preventing mental health challenges from

grappling with how to best support students and families through not only academic success but also mental wellbeing.

In examining and planning for improved ways to support the mental health and wellbeing of students, it is important to acknowledge that the mental health crisis is not new or unique to the BUSD community. In California and across the nation, school administrators and staff have been grappling with ways to support their communities.

In the latest data reported by CalSCHLS, youth continue to report negative mental health impacts. Nearly one-third (32%) of youth reported feeling so sad or hopeless every day for at least two weeks that they stopped participating in some of their normal activities.<sup>2</sup>

becoming severe and disabling

- Improving timely access to services for underserved populations
- Providing outreach to families, employers, primary health care providers, and others to promote the early signs of potentially severe and disabling mental health challenges.
- Reducing stigma associated with the diagnosis of a mental disorder or seeking mental health services.
- Reducing discrimination against people with unmet mental health needs
- Preventing negative outcomes in targeted populations, including, but not limited to:
  - Suicide and attempted suicide
  - Incarceration
  - School failure or dropout
  - Unemployment
  - Prolonged suffering
  - Homelessness
  - Removal of children from their homes
  - Involuntary health detention

Comparatively, in a 2015 assessment of behavioral health at BUSD, it was reported that “about 20% of young people in the U.S. experience symptoms of a behavioral health problem [and in

<sup>1</sup> State of California (n.d.). *School Mental Health - Mental Health Student Services Act*. Mental Health Services Oversight & Accountability Commission. <https://mhsoac.ca.gov/initiatives/school-mental-health/>

<sup>2</sup> WestEd for the California Department of Education (n.d.). *The California School Health, Climate and Learning Survey*. CalSCHLS. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>

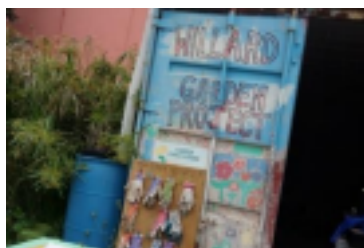
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another study] almost 30% of youth reported feeling so sad or hopeless every day for at least two weeks that they stopped participating in some of their normal activities.”<sup>3</sup>

In the 2022 report from *The State of Mental Health Survey*<sup>4</sup>, five overarching findings were identified.

1. Educators and school social workers see deteriorating mental health.
2. Mental health and academic progress are closely linked.
3. Students are willing to communicate their needs and ask for help from trusted adults at school.
4. Social workers and teachers feel unprepared to support students' needs.
5. School can do more to help.

These findings are strongly aligned with those identified in this *Mental Health Needs Assessment for BUSD*. They are further supported by recent CalSCHLS survey findings for BUSD. Nearly one in five (19%) 9<sup>th</sup> graders and 14% of 11<sup>th</sup> graders report having seriously considered suicide in the past 12 months. Nearly one in five (19%) of 7<sup>th</sup> graders, 29% of 9<sup>th</sup> graders, and 31% of 11<sup>th</sup> graders report having felt so sad or hopeless every day for at least two weeks that they stopped participating in some of their normal activities.<sup>5</sup>

Additionally, **school staff are reporting feelings of being inadequately trained and equipped to support the needs of students and families**, from issues with substance use to challenges securing housing and maintaining employment. These sustained struggles, combined with the impact they have on students' abilities to engage in classroom learning, are leading to unprecedented numbers of staff burnout and attrition nationwide. Amidst these realities of staff burnout, Gallup News reports that “many talented teachers nationally remain committed to helping their students and lifting their communities, and they need the support of principals, superintendents and other leaders to ensure that these high levels of burnout do not impact their practice or personal wellbeing.”<sup>6</sup>



<sup>3</sup> *Berkeley Public Schools Behavioral Health Needs Assessment*. (2015). Berkeley Unified School District and the Alameda County Center for Healthy Schools and Communities.

<sup>4</sup> *The State of Mental Health in Today's Schools: Understanding the Challenges & Solutions that Work*. (March 2023)

<sup>5</sup> WestEd for the California Department of Education (n.d.). *The California School Health, Climate and Learning Survey*. CalSCHLS. <https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/>

<sup>6</sup> Marken, S., & Agrawal, S. (2022, June 13). K-12 Workers Have Highest Burnout Rate in U.S. *Gallup*. <https://news.gallup.com/poll/393500/workers-highest-burnout-rate.aspx>

## MHSSA Assessment Process

The goal of the Needs Assessment is to understand the current **behavioral health needs** of students in the school district and **to what extent those needs are being met** by existing structures of support; illuminate **gaps** in support; highlight **strengths**; and ultimately, provide a nuanced description of the status quo for the purpose of considering solutions and priorities to improve student behavioral health outcomes moving forward. BUSD, in partnership with the Alameda County Center for Healthy Schools and Communities, published a Behavioral Health Needs Assessment in 2015 which provided 12 recommendations. The present Needs Assessment takes into account the recommendations made in 2015 and **to what extent those recommendations have been carried out**. Furthermore, it presents an updated look at the needs in the district, recognizing the many ways the district's context has changed in the seven years since the publication of the last assessment.

The Needs Assessment relies significantly on **primary, qualitative data**. BUSD and RDA collaborated to design a school community engagement and data collection strategy for gathering input from a range of stakeholders across the district, prioritizing voices that may not have other opportunities or support to share their perspectives. Data collection activities included focus groups with parents/caregivers, school staff, mental health providers, and students; interviews with administrators conducted by RDA; peer interviews conducted by Berkeley High School (BHS) students with training and support from RDA; and individual interviews with additional school staff conducted by the BUSD Mental Health Coordinator and MHSSA Care Navigator with training and support from RDA. In total, **122 individuals were included in interviews and focus groups**. A listing of data collection activities is presented in Table 1 and protocols are included in [Appendices B – D](#).

**Table 1. School-Community Engagement & Data Collection Activities**

<b>Engagement Group(s)</b>	<b>Data Collection Activities</b>	<b>School-site &amp; Provider/Partner Representation</b>
School Administrators*	<b>Key Informant Interviews</b> were held with Principles, Vice Principles to increase understanding of the school service landscape as well as to support identification of strengths and opportunities for improvement in providing mental health supports to students. Additionally, many school administrator interviews included one or two school mental health providers/staff.	School-sites represented in data collection and analysis included Berkely High School, Berkeley Technical Academy, Cragmont Elementary, Emerson Elementary, Longfellow Middle School, Malcom X Elementary, Oxford Elementary, Rosa Parks Elementary, Ruth Acty Elementary, Sylvia Mendez Elementary, Thousand Oaks Elementary, Washington Elementary, and Willard Middle

		School.
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<p>School Staff*</p>	<p>Three <b>Focus Groups</b> were held to engage staff. A focus group was held for each school level – Elementary, Middle, and High school.</p>	<p>School-sites represented in data collection and analysis included Berkeley High Schools, Emerson Elementary, John Muir Elementary, King Middle, Longfellow Middle, Malcolm X Elementary, Sylvia Mendez Elementary and Washington Elementary.</p>
<p>Mental Health Providers &amp; Professionals*</p>	<p>One <b>Focus Groups</b> was held to engage with mental health providers and professionals.</p> <p>In addition to the focus group, some mental health providers also participated in individual interviews and/or attended the Key Informant interviews with school administrators.</p>	<p>School-sites represented in data collection and analysis included Berkeley High School, Berkeley Technical Academy, Longfellow Middle, Oxford Elementary, Sylvia Mendez Elementary, Washington Elementary, and Willard Middle</p> <p>Additionally, Bay Area Community Resources (BACR), Looking Glass and Berkeley Mental Health Division participated and represented BUSD partner organizations that provide mental health support to students through contracted services.</p>
<p>Parents and Caregivers**</p>	<p>Three <b>Focus Groups</b> were held to engage Parents and Caregivers. Focus groups were coordinated in partnership with school affinity spaces and families were recruited with the support of the MHSSA Care Navigator and OFEE.</p> <p>The assessment teams' goal was to ensure equitable representation from families with intentional focus to elevating voices and experiences of students most impacted by disparities in mental health access and outcomes.</p> <p>Groups held engaged families of color, specifically families identifying</p>	<p>Parents and Caregivers participating in focus groups represented experience and connection across the following school-sites including Berkeley High, Longfellow Middle, Malcom X Elementary, Oxford Elementary, Rosa Parks Elementary, Sylvia Mendez Elementary, Washington Elementary, and Willard Middle Schools.</p>



	as black and/or African American, as well as Latinx/a/o families. Additionally, one focus group was help in Spanish to	
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	support involvement from families of English language learners within the district.	
BUSD Students**	<p>One <b>Focus Group</b> was held with students from Berkeley Technical Academy.</p> <p>Five Berkeley High School students conducted 28 <b>Peer interviews</b> to gain insight and experience directly from students. Peer Interviewers were provided training on interview techniques and confidentiality from RDA and then conducted interviews with peers using google forms for submitting interview responses directly to the assessment team.</p>	These activities elevated the voices and experiences of students from Berkeley High School and Berkeley Technical Academy.

*\*\*In addition to the Administrator Interviews and noted focus groups, an additional 55 individual interviews across school staff and mental health providers were completed by the assessment team. These interviews were conducted by the MHSSA Coordinator for Mental Health Services and MHSSA Care Navigator and interview responses recorded in a google form to further inform and support data analysis.*

*\*Parents and Caregivers as well as Students participating in focus groups or peer interviews were provided gift cards in appreciation of their time and expertise shared during the assessment period. Focus group participants received \$30.00 gift cards and students participating in peer interviews received \$15.00 gift cards.*

After the completion of data collection, the RDA assessment team reviewed data and developed a codebook according to the goals of the assessment and emergent themes in preliminary review. RDA staff coded interviews and focus group transcriptions according to the developed codebook, using NVivo qualitative data analysis software. RDA then completed thematic analysis of coded excerpts to pull out themes in the data. The research team iteratively reviewed and revised both the coding scheme and themes to ensure intercoder reliability.

RDA organized these themes into findings both in terms of whether themes related to strengths or challenges in the district and according to the level of the BUSD mental health support system to which they relate. Findings categorized as **Students & Families** focus on individual/family-level experiences, needs, and barriers; findings categorized as **Staff & School Sites** focus on the assets, needs, and challenges faced by individual schools or by specific staff roles within the district (e.g. classroom teachers or classroom aides); findings categorized as **Administration & District-wide** focus on the assets, needs, and challenges faced in school and district administration and include findings regarding BUSD's coordination of services across school sites as well as successes and challenges faced by

## Limitations

The Needs Assessment was inherently limited by several factors. Qualitative data collection and analysis aims to understand the nuanced perspectives of individuals within the district. Given only a sample of individuals can participate in data collection activities, **data may not represent the range of experiences of school community members**. Participation for students and parents/caregivers, while incentivized, was also **highly dependent on availability and comfort in sharing information** and perspectives on mental health. Additionally, while planning was completed collaboratively to reduce bias, RDA and BUSD are aware that **bias among researchers** was not possible to completely eliminate.

RDA and BUSD made efforts to address limitations by **adapting data collection methods to promote inclusion and culturally responsive approaches**. In gathering data from BHS students, RDA and BUSD worked with a small group of current students who collected data from their peers to reduce the barrier for students who may not feel comfortable speaking with an adult about mental health topics. In gathering data from parents/caregivers, one of three focus groups was closed to only parents/caregivers who identify as Black/African American, to create a more welcoming environment for sharing feedback. Another parent/caregiver focus group was conducted in Spanish to include monolingual Spanish speaking families or those more comfortable in Spanish. Participants for staff focus groups were considered to ensure representation of staff with direct relationships with students who are English Language Learners, students with intellectual or developmental disabilities, and students on behavioral (504) support plans.



# Assessment Findings

The BUSD MHSSA Needs Assessment findings are divided into two overarching themes and three core tiers of support and impacts. The initial two identify the overarching strengths “what is working well” and weaknesses “barriers to access and services” while the remaining three focus on the areas where supports and improvement would provide the greatest impact across the district, school sites, staff, and students and families.

## What is Working Well

**Many staff, providers, and parents/caregivers in BUSD want to be a part of efforts to improve resources and school-based support for all students in the district.**

- Many staff, parents/caregivers, and students are increasingly aware of mental health needs and are advocating for positive change. There is readiness amongst these school stakeholders to support district wide work and change.
- BUSD has successfully hired and filled the roles of Mental Health Coordinator and Care Navigator; individuals in roles have built engagement, relationships of respect and excitement for continued growth, improvement and implementation readiness in staff, students, families, and community partners alike.

**BUSD has experienced a variety of micro-successes in supporting mental health and wellness for students within individual schools and because of caring staff, families, and community members.**

- There are individual teachers and other staff who are building social-emotional skills into their classrooms and student interactions, as well as individual staff prioritizing the use of trauma-informed approaches with students and families.
- There are several parents/caregivers who are actively involved in the school district and who are advocating for student needs as well as volunteering to host support and mentorship groups in some school buildings.
- School administrators report liking the shift to having school-employed psychologists take on educationally related mental health services (ERMHS). This has felt more integrated and accessible in the school environment.
- Some students who have engaged in mental health services and support at BUSD report that they have been helpful to their overall wellness and school engagement.

“There have been some great programs that come and go (all teacher led, unpaid), like conflict managers and trained peer mediation, an active grandma that has lunch bunch with kids and connects them to community organizations, sage mentors...ideas come from needs.” – BUSD Staff

## Barriers to Access & Services

**Both families and staff report a lack of awareness and understanding of what mental health services and supports are presently available and how to connect students to them.**

- Communication and sharing of resources and services varies from school-to-school and is inconsistently provided on family facing materials or presented in culturally appropriate or linguistically needed ways.
- Staff and families both reflected on access to support being frequently driven by student behaviors and as a result being identified and shared well past opportunities for prevention or early intervention.
- A student being identified for special education is the clearest route to mental health services, and many seek diagnosis to access care. Some staff and families shared a fear of over-diagnosing needs for special education as a result.

“For teachers there isn't really training about available services...And the transparency of protocol – how can I guide families if I myself don't know?” – BUSD Staff

“People don't know who to go to.” – BUSD Student

**While some students report positive experiences with school-based services, others share negative experiences. Additionally, there remain students who are not able to receive appropriate school-based support.**

- All stakeholder groups spoke to the overall limited resources available, including experiences with long waitlists for services, inability to be provided culturally responsive care and support, and a feeling that care provided and/or needed didn't match

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available provider skillset or background (e.g., interns providing care, lack of diversity in staff providing care, etc.).

- There is a lack of available support for students experiencing more complex mental and behavioral health conditions such as substance use, eating disorders, and trauma.
- Students expressed hardship with building trust and connection with teachers, staff, and providers supporting mental health and wellness and often feeling misunderstood. They expressed a desire to see more diversity in counselors and teachers - especially along

race, gender (i.e., male role models), and LGBTQ+ identity.

- Administrators and staff emphasized the ongoing issues with being able to recruit and maintain mental health professionals. As a result of staffing shortages and an inability to recruit, they have had to triage student needs for current service capacity.
- Beyond recruitment, most school sites reported limitations on physical spaces for providing additional services to students. Many noted that they share office space and non-traditional spaces such as hallways and copy rooms.

“There is not a wide variety of counselors which does not allow students to have choices (someone who aligns with their beliefs, looks like them, etc.)” – BUSD Mental Health Provider

“When I went to the counselor and asked to talk to someone, they told me to make an appointment and wait a couple days, but I wanted to talk right now. I don't want to wait; maybe I will not share it later.” – BUSD Student

“One time, I went to the health center to talk to someone...she didn't offer solutions and time ran out quickly because she had to help other students. They weren't really welcoming; I felt rushed.” – BUSD Student.

### **Lacking role clarity, direction, and appropriate training is contributing to staff frustration and further limiting student support resources.**

- Some school counselors feel equipped to provide more focused mental health support for students as they are also licensed mental health clinicians, however lack of role definition and inconsistent asks to prioritize academic needs over social emotional needs at the district level contributes confusion and service disruption.

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- Some teachers and support staff are taking it upon themselves to provide mental health support for their students but don't feel adequately trained or resourced.

“Staff also have misunderstandings of what services can be provided and available from the school...Staff are really frustrated that there are not enough personnel to see kids.” – School Administrator

“School counselors have no job description and it's different every year what we're expected to do. [School Counselors] can provide more mental health support but have been counseled not to. If the district wants to utilize more staff as mental health providers, investing in and communicating that would be really helpful.” – BUSD Staff

## Inequitable resourcing across the district further limits the ability to address the mental health and wellness of students consistently and proactively across all tiers of need.

- School sites vary greatly in the number of FTE designated to social-emotional wellness and services (e.g., counselors, interns, etc.) and funding levels and allocation decisions are not transparent between district and school sites.
- Many school sites reported appreciation for funding being provided by PTA designation and acknowledged that this further leads to inequitable service provision and inconsistency of services year over year.
- There is a large gap in services between Medi-Cal and commercial/private pay. School-based resources, while limited overall, have more spaces allocated for Medi-Cal reimbursable students leaving many students without care due to cost constraints and/or inability to find affordable and available external providers.

“Right now, we really prioritize those who are on Medi-Cal. [I] know of cases where they have Kaiser and when they've sought support they've been turned away because they've been told their case is not severe enough. They've only had a couple check-ins with the school counselor and it's not enough.” – School Administrator

“[We're] getting stuck providing services to students based on where the funding is, which is not equitable.” – BUSD Staff

## Thematic Findings & Recommendations

The following thematic findings are organized into three core tiers. These tiers – Administration & District-wide, Students & Families, and Staff & School-sites – provide alignment for where work to implement recommendations would have the greatest impact for improving the mental health and wellbeing of staff, and students and families.

Recommendations have been further identified into three priority areas to support planning and implementation of the next steps for BUSD. These priority areas include – immediate, mid term and long-term priorities.

[Appendix E](#) includes a summary of all recommendations, their priority area and alignment with MHSSA goals.

### Administration and District-wide Findings &

# Recommendations

**The district lacks clearly defined goals around the provision of mental health support for students and families as well as a communicated vision and commitment to mental health that describes how needs will be addressed.**

- There is an apparent disconnect between the language and definition of “mental health” across the district. The term is associated with various understandings and no clear description of what success looks like, how it is measured, nor how the district plans to move work forward.
- Perceptions shared by staff and families center around the district's commitment and prioritization to supporting academic goals and student attendance as drivers for funding rather than investing in the mental health of students.
- There is at present a lack of District-wide investment or commitment to explore alternate or non-dominant approaches to mental wellness and program design approaches that would be more culturally responsive for students and families.

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“The district has been inconsistent. They outsource for counselors (including interns) and there is only one middle school that has a pipeline of counselors to run social groups, lunch bunches, etc. The district hasn't had the consistency of counselors through the school year and summer.” – BUSD Staff

“One thing is there isn't a place to go if you just want to get away from class. The school wants high attendance because that's how they get funding. Teachers can give you the pass to take a walk, sometimes teachers or security or VPS will tell you to go back to class, you can't just leave, and the only spot you can really get away is like the bathroom.” – BUSD Student

“Cohesive definition of mental health is needed. Cohesive language and terminology. Reframe the narrative that teachers are not raising kids.” – Parent/Caregiver

**Administrators, mental health providers, and staff share beliefs that stigma is a driving barrier to service participation contributing to further disconnect between school and families, especially in relation to supporting BIPOC identifying students and families.**

- However, it does not appear that these beliefs are informed by direct feedback from BIPOC families, but rather are assumptions based on discrepancies between perceived behaviors and dominant culture.
- At the same time, students of color and their parents/caregivers often do not feel safe or secure seeking support from teachers or staff (including mental health staff) because they do not see themselves or their cultures represented or respected.
  - In focus groups, parents and caregivers who identified as Black and Spanish-speaking tended to use more internalizing language, placing responsibility on themselves or their communities for solving mental health issues in their families, while white families tended to use more externalizing language and to expect support from the school or district.
- Staff, administrators, and mental health providers tend to assume that families who do not engage with current services are avoidant due to stigma, which may not be accurate.
- Students of color reported feeling targeted and surveilled by teachers and staff for behaviors they do not feel are inappropriate and that are not addressed as poor behaviors in their white classmates and counterparts. Parents/caregivers reiterated this concern.

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“Culturally, [there is] still a lot of stigma. White students on campus are more open to accessing counseling, whereas the black and brown students are more reluctant.” – BUSD Staff

“Trust is huge. Trust in the system, for example – is the referral rooted in something truly beneficial for my kids, or is it being done because the staff wants behavioral changes?” – BUSD Staff

“Sometimes the school points to resources but they may not be the very specific resources the student requires [or] not appropriate for [their] circumstance (for example, [a student who is an English Language Learning] being placed in classes with students that know no English at all, and [the student then being] stuck at that level).” – Parent/Caregiver

“Students need to be understood. At [my children's elementary school], I had to fight so hard to have my children not misunderstood while there. No grace was given, and it seemed to [impact] black kids more than white kids. In sports or other activities, black kids had elevated consequences for play vs. white counterparts. It was exhausting and my kid suffered. – Parent/Caregiver

## Recommendations



There is a need for the development of a **diversity-informed district-wide strategic plan** for the support of student mental health including a clear internal and external communication plan during both its development and implementation periods. It is recommended that the strategic planning process and plan include:

- ✓ A comprehensive asset map of the current mental health services, support, resources, and FTE across all school sites and BUSD administration.



- ✓ A clear definition of mental health for BUSD, as well as clearly identified pathways to increase mental health service capacity and sustainability through development of goals, actionable strategies, measurements of success, and individuals responsible for implementation and accountability.
- ✓ The establishment of a listening and feedback process that elevates the voices of staff, students and parents/caregivers from non-dominant cultures and backgrounds within BUSD; recognizing that different cultural norms and different experiences of power and privilege among community members can be expected to result in different styles of parent/caregiver advocacy for child wellness.

**[Priority: Immediate]**

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**BUSD primarily maintains a crisis response to care model with emphasized focus on Tier 2 and 3 services. Little attention or resources seem to be designed to support a more proactive approach to mental wellness which has led to misalignment with student and family needs and is a contributing factor to the reality of limited resources and an inability to reach greater numbers of students.**

- Both staff and families noted a number of tragedies that have recently affected the school community, but many expressed concerns that more proactive measures were not in place to support response and are not aware of plans or measures that have been developed since to better support student mental health.
- Students reported experiences having been denied mental health support when not in acute enough need and only being provided support when in crisis.
- Students expressed the need and desire for increased integration of SEL, supported social connections, and a flexible learning environment far more than individual based mental health services/therapy. In addition, staff reported needs for increased SEL and social connectivity for students, particularly post pandemic and in grades (3 & 4 highlighted) that had less in-classroom experience because of remote learning.
- Administrators expressed that there is particularly high need for SEL post pandemic, and this need is currently not being met in most schools.

“We are not addressing something that is bad and continues to happen every year at BHS. [We] continue to see suicide, self-harm, eating disorders...and then there's this waiting list that my kid's on forever and a day because she doesn't have a significant enough mental health crisis. It's hard to serve hundreds and hundreds of kids, but at the system level we need to do something.” – Parent/Caregiver

“[I] had a kid go to the health center and was told that unless she was actively suicidal, they couldn't help her. What she took away was that if she tried to kill herself, she could get help.” – Parent/Caregiver

“We need year-round support instead of just when someone passes away.” – BUSD Student



The District should develop a **comprehensive crisis intervention plan** and identify a central **crisis response worker for the district** who is able to provide leadership during crisis response periods or situations, and who coordinates education, outreach, communication, and prevention support activities in non-crisis periods.

**[Priority: Mid-term]**



There is greater need for **the prioritization and provision of Tier 1 support** to increase mental health and wellness across all students and evolve primary focuses of BUSD from crisis and triage to prevention and preventative support where possible. **Increase social and emotional learning support** through the incorporation of greater social connection making periods into the school-day (e.g., designated homeroom period for student connection building, school-day time carve outs for affinity groups and mentorship opportunities, etc.)

**[Priority: Long-term]**

**While there have been pockets of noticeable increase in need for students since the beginning of the COVID-19 pandemic, the overarching increase in mental health needs for students is not new and has been growing for several years. At present, the District has been slow to provide consistent and prioritized funding to mental health needs.**

- Kids are seeing increased anxiety and depression overall, but this trend has been happening since before COVID. There may be an acceleration of needs in this area, but the district isn't prepared for holistically addressing mental health for students.
- Each school site within the district has different resources available and capacity to serve students. There is great variability in numbers of mental health providers available, ability to integrate and support interns, and wide differences in the supports provided across tier 1, 2, and 3 needs.
- Administrators and staff have low levels of trust in the district's claims of prioritizing mental health as they have not seen that priority backed up with funding.
- There is a lack of transparency or tracking over time of the distribution of district funding of mental health services at schools.

“We have some funding from PTA, Medical, the district. The financial mechanism for counseling is extremely convoluted. It’s done by school. We’re all negotiating with [community providers] and ending up with different numbers...The communication has not been great from the district. Confusing and concerning when we know that the district received a couple million dollars for mental health and there’s a lack of clarity on how this is filtering down into the work we’re doing with students.” – School Administrator

“[I] have asked the school district to actually fund some of the mental health services out of general funds. BUSD hasn’t said that this is a priority. [Our counselor’s] position should be expanded to be every day of the week - should have a second therapist here, especially a man. Young people need to see people every day to build relationships with them.” – School Administrator

## Recommendations



In coordination between BUSD and individual school administrators, conduct a **district-wide financial assessment** that identifies current per capita student funding within each school site.

**[Priority: Immediate]**



BUSD is recommended to develop a base **mental health services budget allocation for each school site** that accounts for equitable needs of students served and provides a measure of consistency, transparency, and predictability for proactive service planning.

**[Priority: Mid-term]**

**The district lacks a coordinated and collaborative mental health system which leads to staff, student, and family confusion as well as inconsistent care and lack of institutional integration.**

- There is confusion as to who is responsible for coordinating mental health support across the district and within individual school sites.
- There is limited space for collaboration or sharing of best practices, ideas or to further develop processes for sustainability outside of individual school sites.

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- Administrators feel left to figure out plans for their schools on their own, including contracting with CBOs for services leading to inefficient use of time and resources and differences in reimbursement structures and student service abilities from school site to school site.
- Staff are left unsupported and are recipients of inconsistent direction leading to greater duplication of efforts, frustration, and burnout.
- With no systemic support for mental health services and no concerted effort at the district level to provide consistent funding, individual successful programs (“micro successes”) are not sustained or replicated for greater impact.

“We’re making it up as a department, would like centralized guidance for our job. A lot of things that come up that we’d like district guidance on for best practices.” – BUSD Staff

“There is an ongoing need to have a centralized access point for the district for CBOs, partnerships, and resource knowledge. This is left up to each professional and site/building at this point. It is a struggle.” – School Administrator

“Teachers are being held accountable for SEL [social emotional learning], but teachers do not have degrees in school counseling, so more direction and structure would be very helpful.” – BUSD Staff

“[It] seems we’re not doing enough to help teachers know how to recognize signs of mental health problems.” – Parent/Caregiver

## Recommendations



Develop a **district wide strategy for mental health supports and services**, including clear priorities and goals for work, clear processes, protocols, and position descriptions for staff who are directly supporting mental health services. This may be best served as a component of Strategic Planning previously recommended or serve as a complimentary follow-up strategy to strategic planning.

**[Priority: Immediate]**



Explore benefits of shifting to a **centralized contracting process** with CBOs for external mental health services and supports to eliminate duplication of administrator effort and support an increase in equitable service availability across school sites.

**[Priority: Mid-term]**



Increase **care navigation and student and family case management** capacity across the District through the incorporation of positions that can provide those services across school sites and a District care navigation coordinator to support cohesion and provide appropriate supervisory capacity.

**[Priority: Long-term]**



Establish and support a **feedback and communication process specific to mental health services and planning** that provides for regular pathways for the District to hear ideas, concerns, and needs from staff, students, and parents/caregivers.

**[Priority: Mid-term]**



Support a **learning & sharing collaborative** that provides regular connections of administrators and mental health professionals across all school sites to increase program collaboration, share best practices, and provide space for integration and growth of community partnerships and school-based services that support mental health wellness for students and staff.

**[Priority: Immediate]**

## Student and Family Findings & Recommendations

**Students and families both expressed the importance of needing and wanting to feel both physically and emotionally safe at school and to have a sense of belonging and community.**

- Students and families both want to see less punitive approaches in education that consider the whole child, built in flexibility for students to be human (to have “off” days, to not always be productive, to need a break), and the tools that they need to thrive.
- Students and families emphasized the need for mutual trust and knowledge that there is confidentiality in what they share in school-based services.
- Students especially fear that counselors will communicate with parents, and parents especially fear that the school will make misguided reports of parents (presumably to CPS); both aspects leading to hesitation to engage in current services provided.

- High school students feel that they will be more motivated if they have more autonomy and freedom in their schoolwork rather than more rules and punishment.

- BTA students expressed that they have done well academically once they've moved into the more flexible school setting, and that BHS from their perspective is set up in a way that doesn't work for many students, especially black and brown students.
- Students want to have spaces at school to connect and build relationships. There is a strong desire for having a sense of belonging and community when at school.
  - Opportunities such as sports, social groups, and clubs, as well as designated space within school day such as a homeroom were all shared as desired ways to facilitate improved social connection.
- Parents expressed greater desire for teachers and staff to engage with them and to make them feel that they and their students belong on campus. They expressed the need to feel respected and a part of the care the school provides for their child(ren).
- For students of color and English language learners (as well as their families) having a sense of belonging is especially important and desired.

"If you miss 5 days consecutively, you get expelled. The students are not being recognized by their teachers unless you do something wrong. When you walk into a school, you feel like you are already in trouble." – BUSD Student

"Having understanding teachers, for example, if you can't get an assignment in on time you shouldn't have a penalty; life doesn't revolve around school, so having understood teachers is important." – BUSD Student

"Black and brown children are so quick to be removed from the group; teachers have very low tolerance for regular behavior when they see it in black and brown kids." – Parent/Caregiver

"How much trust do families have in school? Understanding that trust in institutions vary by community – Black students in general aren't being served well." – School Administrator

"When we get here, they tell us it's confidential, but some people think if they tell their counselor then it will spread, or they don't want to say too much because they don't want something to happen to them if they say how they actually feel." – BUSD Student

### **Recommendations**



Prioritize and support the development of more **group-based therapies and social connection building spaces**. Through diversity-informed principles, establish groups across all school sites and provide sustainable space for groups to meet and

share within the school-day.

**[Priority: Mid-term]**



**Assess current space dedicated to mental health wellness and supports,** including physical spaces and school-day periods of time. Then establish a clear strategy to ensure students have access to both physically inviting spaces as well as protected time during the school-day that will further support building meaningful connections and normalize mental wellness (e.g., adding unstructured homeroom time to each week, etc.)

**[Priority: Immediate]**



**Mental health support needs for students have continued to grow and evolve. Those most identified with and expressed by students, families, and staff included:**

- More focus on social and emotional learning (e.g., 3<sup>rd</sup> and 4<sup>th</sup> graders having an exceptionally hard time with aspects of safe touching, impulsivity, peer connections, and self-regulation)
- Support and structures for developing healthy relationships with peers
- Specialized treatment for more complex mental health concerns (especially eating disorders, substance use, and trauma)
- Treatment and support for navigating bullying, puberty, school avoidance and anxiety about school attendance

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"[We need] a space for where we can relax, meditate, as classroom where we can chill, where we can talk about emotions, a class where we can talk about life in general." – BUSD Student

"I think having a class that I love and not centered around grades helps me, I understand that's not [always] attainable because we are here to go to college but for example having dance classes creates a good community and that's a place where I feel safe. It's good [if] we have them built into our schedules." BUSD Student

"I'm having to go outside the school to get support. Is there a way that this could be a

part of every kid's school day? Some kind of social emotional health class – not a class because they don't need more work – but a support group for everybody? We're all such social animals." – Parent/Caregiver

"[There has been a] huge uptick in school avoidance, high anxiety around being at school, being around peers. [We] can't get [students] through the front door in the morning. [I] don't know what else to do. [This seems] much higher since the pandemic. – BUSD Staff

## Recommendations



Further **assess the trend of increasing school avoidance, absenteeism and student anxiety limiting participation**. Transition approaches away from punishment or punitive based solutions that further stress and traumatize students or add to exclusion time.

**[Priority: Immediate]**



Shift focus to **prioritize more tier 1 supports for student SEL/mental health learning and address student driven needs** such as general stress management, anxiety, and social connection challenges, etc.

**[Priority: Mid-term]**

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**Parents/caregivers and family members often need mental and behavioral health support, and there is currently nowhere within the school structure to support families; these unmet needs have an impact on students.**


- Parents express to administrators that they want the school to support kids with family issues and needs coming up outside of school.
- Administrators see a need for parent education and support services.
- Parents without economic and/or social capital are not having the needs of their children met – even parents who can be involved are finding it difficult to push through and get what they need for their children to thrive.

"Parents have been stretched so thin trying to get the support and services [needed] for their students, and parents need a case manager for themselves to



[help] find these resources. There are tons of hoops that families need to jump through to get support.” – BUSD Staff

“We'd benefit from parent [focused] workshops, and [greater coordination] of resources.” – Parent/Caregiver

 **Consistently across school sites, there is an intentional lack of sharing from school administrators and staff about mental health services and supports with families outside of those who are identified for services due to limited resources, eligibility, and capacity to engage with families inquiring for further service and support desires.**

- o This lack of sharing of information is further contributing to distrust between staff, families, and administrators as it has led to experiences with “bottlenecks” causing delayed care and/or associations that there are “gatekeepers” to care across the district.


“For parents and families there is also information on the website but there is not an explicit outreach for services. This is mostly because doing so would not drive equitable needs based access.” – School Administrator

Support is put in the newsletter, but sparingly. There is not enough support to meet all the needs.” – School Administrator

### **Recommendations**

 Be consistent and support-oriented to **build bridges and relationships with families**. Increase family support services through social workers and other like school-based roles to improve capacity to provide parent education and family navigation services.

**[Priority: Long-term]**

 Develop a comprehensive **communication plan to strengthen awareness of resources available** for students and their families. Increase transparency of district and community services available (including broadening website pages for health and wellness to incorporate mental health).

**[Priority: Mid-term]**

 **Berkeley Technical Academy (BTA) students expressed that the structures of**

## BUSD schools and the school system more broadly didn't work for them.

- Students want to see schools totally redesigned (e.g., flexibility and autonomy, curriculum supports various student goals and life learning, no punitive measures, teachers have similar cultural contexts and students).



## BHS Students reported mixed experiences with counseling and the High School Health Center

- Students shared experiences of being turned away from services (either put on a waitlist or denied altogether), experiencing a lack of response to needs, and shared perceptions that they can only receive services if they are in an acute crisis.
- Students shared positive experiences and felt supported through both individual and group counseling sessions.

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- Students at BHS expressed that they and their peers often don't know who their counselor is or when/how it is appropriate to see them. They further shared experiences, feeling misunderstood or disregarded.

"They could make sure that we receive support all year round instead of just when tragic things happen. Also, not everybody has an intervention counselor, and we should all have access to an intervention counselor." – BUSD Student

"Everyone should be able to have a counselor besides the academic ones, also they should reach out to call us in more often." – BUSD Student

### Recommendations



Continue development and implementation of **universal screening/assessment** and ensure application is inclusive of all students at regular intervals throughout each school year and that identified needs are consistently provided timely and solution-focused supports.

**[Priority: Immediate]**



Increase **mentorship (including peer-mentorship) and student relationship building** and connection opportunities that are incorporated within the school-day. Students would most benefit from these opportunities if they were operationalized

as core school-day components that limit additional burden on evenings, weekends, or missed class times.

**[Priority: Mid-term]**

## Staff & School-site Findings & Recommendations Staff expressed the need for more consistent communication about mental health needs and best practices.

- Staff expressed a desire to have a supportive environment that builds connection and community for staff and students alike.
- Staff shared that new staff at the high school tend to feel lost or disconnected navigating campus areas both in a physical sense and service availability sense.
- Staff expressed a need for more team-based and transparent communication across staff positions (e.g., lunch aides, security officer, coach, etc.) regarding specific support

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or special care circumstances students might need. The current lack of sharing and knowledge is leading to a retriggering of student behaviors and staff stress and burnout.


- Parents and students shared a sense that teachers do not consistently know how to handle mental health concerns.
- Students see teachers as having a crucial role in helping students feel safe, secure, and welcome.

“Having some professional development [focused on] looking for signs [of mental health stress for students that is] different from the mandated reporting training [is needed]. [Training] more focused on helping students.” – BUSD Staff

“I have noticed that many teachers do not know what to do. They do not know where to refer students. When they don’t know they send students to [the] administration office and there [students] stay, due to a lack of information.” – Parent/Caregiver

“[Students need] a safe environment, understanding teacher, a class where you are comfortable.” – BUSD Student

### **Recommendations**

 Expand **COST team membership to include frontline staff positions that have regular interactions with students** (e.g., aides, safety officers, etc.) to support a more inclusive service team.

**[Priority: Immediate]**



**Staff have expressed concerns about burnout as well as misalignment and/or lack of clarity regarding role expectations and scope of work.**

- Staff shared many instances where more is being asked of them without commensurate compensation being provided. Many are “donating” time to support student needs.
- Staff are being asked to provide greater social emotional support and education to students but are not being appropriately trained or supported themselves to sustain this in effective ways. This results in uncoordinated provision of support to students and further competition for classroom time that conflicts with academic requirements and expectations.
- School-based counselors experience inconsistent expectations in their roles regarding the provision of both academic guidance and mental health support.

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- Staff express infrequent care or regard for their own mental health, and little to no district attention paid to supporting the whole school community.

“The ways we’re failing students feels insurmountable and is affecting my own mental health.” – BUSD Staff

“[Many school-based] enrichment activities sort of happen based on the generosity of a teacher – [these are] not even stipend positions. [Activity support] depends on [staff] not having other obligations.” – BUSD Staff

“The predominant view is that people don’t want to talk about [mental health], that’s true of our teachers too. They’re probably struggling at the same time. Teachers who are struggling themselves can’t be supportive of the kids. If a teacher were able to say, ‘I’m having a bad day today,’ a kid could do the same.” – Parent/Caregiver

### **Recommendations**



Provide more focused **professional development opportunities** for staff that cover the breadth of mental health and wellness needs for students and self support. Ensure these opportunities are afforded and required of all staff at school sites and district administration. Development opportunities should include, but not be limited to the inclusion of SEL skills in classroom teaching and school-based interactions, unconscious bias, diversity training, trauma-informed training, etc. Further, ensure that the training provided is incorporated into annual staff development plans and new employee orientation and training processes to increase institutional knowledge and sustain practices.

**[Priority: Mid-term]**

## Summary

The Mental Health Needs Assessment supports BUSD in furthering its commitments to MHSSA funding and goals while also increasing its readiness to build a sustainable and inclusive culture of mental health and wellbeing for staff, students, and families. This assessment provides a launching point and foundation for deeper planning and strategy setting.

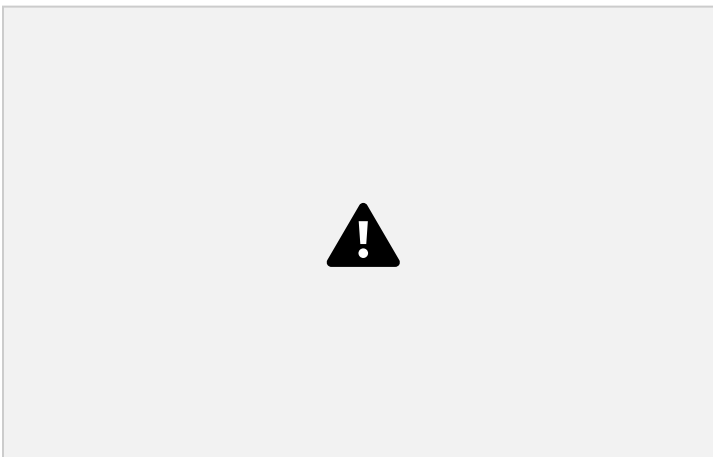
In addition to the core tiers of findings and associated recommendations, outlined above, there were four overarching themes that were identified. These themes will be essential for BUSD to centralize in their work to prepare for and implement recommendations made. These themes include:

- **Creation and sustainability of a diversity-informed environment.** Staff and families spoke to the work to address student needs through a trauma-informed lens. However, families of color resoundingly shared that services and supports have not been focused towards honoring the diversity of student backgrounds and experiences and as a result a culture of exclusion and inequity persists. A focused approach to improvement that addresses racial disparities experienced by students and families will be imperative to overall success and improved culture at BUSD.
- **Equitable distribution of resources and services.** School sites across the district primarily operate independently and differ greatly in their ability to coordinate resources for their students due to budget, space, and staffing differences. This is greatly impacted by income disparities across the district as many school sites rely on PTA funding supports for student services and mental health program support funding.
- **Development and support of district-wide protocols, policy, and process.** There is a current lack of unity, cohesion, and clarity of roles across school sites leading to inefficiencies of service delivery, unsustainable practices, staff burnout and family confusion and disengagement.
- **Focus on student wellbeing and prevention focused interventions.** At present, there is limited capacity to support students and families to achieve and sustain mental health and wellness from a prevention focused model. Interventions that exist are more heavily focused on treatment rather than prevention activities. Family struggles (e.g., housing

insecurity, job loss, substance use and addiction) deeply impact students and there is a lack of navigation support and capacity to help families improve their health. This focus would further benefit student wellness across mental, emotional, physical, and academic areas.



## Acknowledgments



The Berkeley Unified School District wishes to thank all those who contributed to this assessment, including but not limited to the MHSSA Advisory Board, and all the administrators, staff, providers, students, and families who participated in the school community research by attending a focus group, and/or participating in a peer interview. Your support and participation have been invaluable to the mental health needs assessment process.

Additionally, BUSD wishes to thank the MHSSA Assessment Team. The team was made up of representatives from BUSD, the City of Berkeley Mental Health Division and RDA Consulting. Representation included:

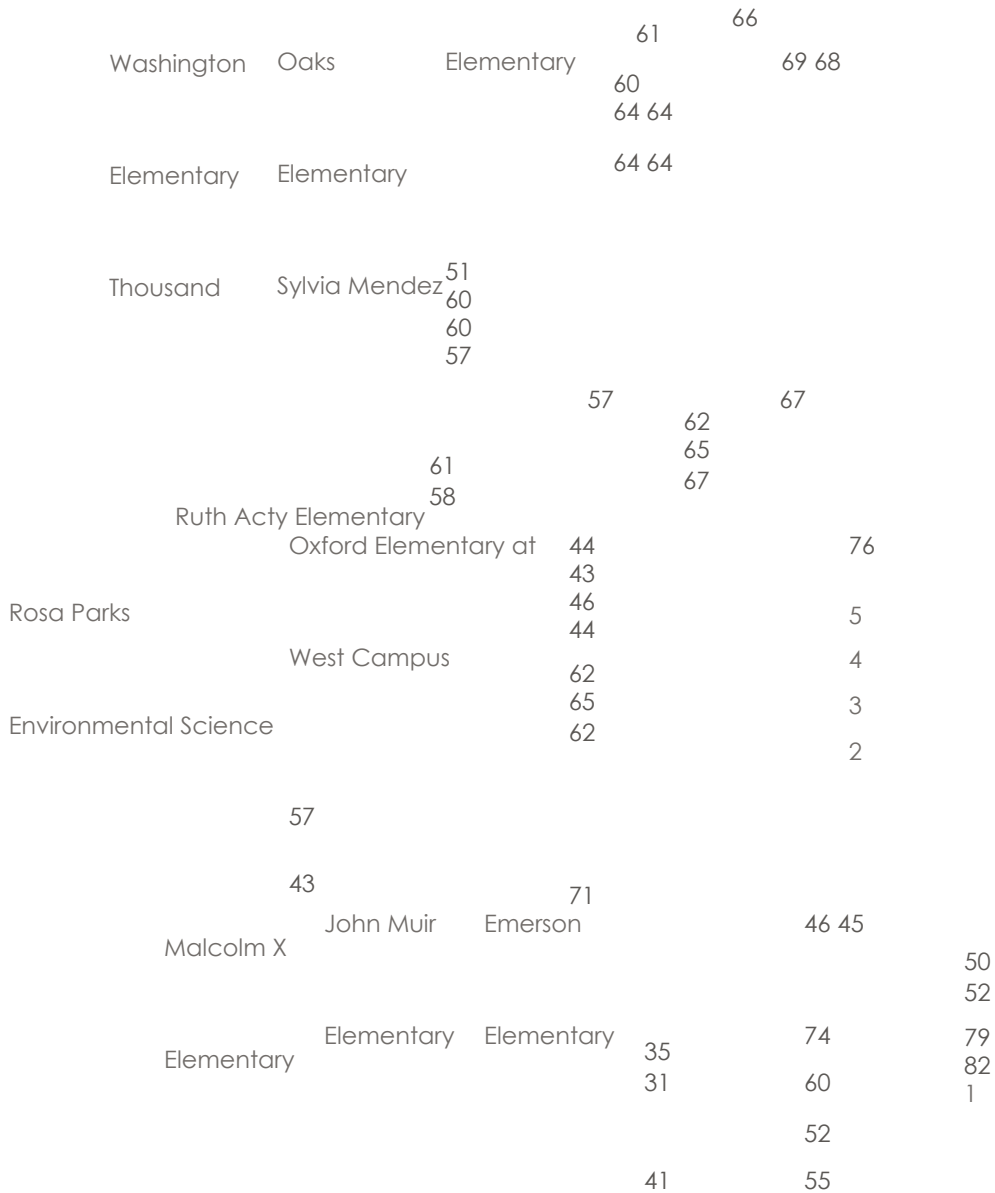
- **Berkeley Unified School District**
  - Rosina Keren, MHSSA Coordinator of Mental Health Services
  - Carolyn Perez, MHSSA Care Navigator, OFEE
- **City of Berkeley Mental Health Division**
  - Jonathan Maddox, Program Supervisor
- **RDA Consulting**
  - Courtney Davis, Senior Consultant
  - Christy Spees, Consultant

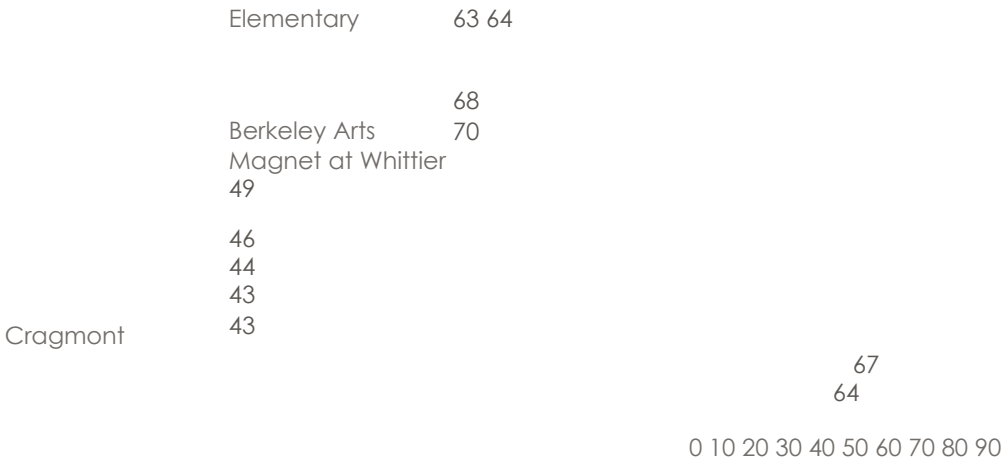
- Nicole Steward-Streng, Lead Analyst & Facilitator
- Dina de Veer, Associate Director

# Appendices

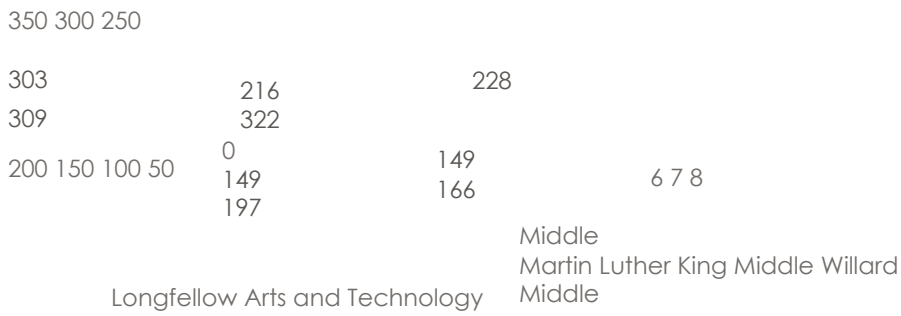
## Appendix A. BUSD – Demographic Snapshot

Grade Level Enrollment by School,  
2021-2022 Elementary Schools  
n=3181

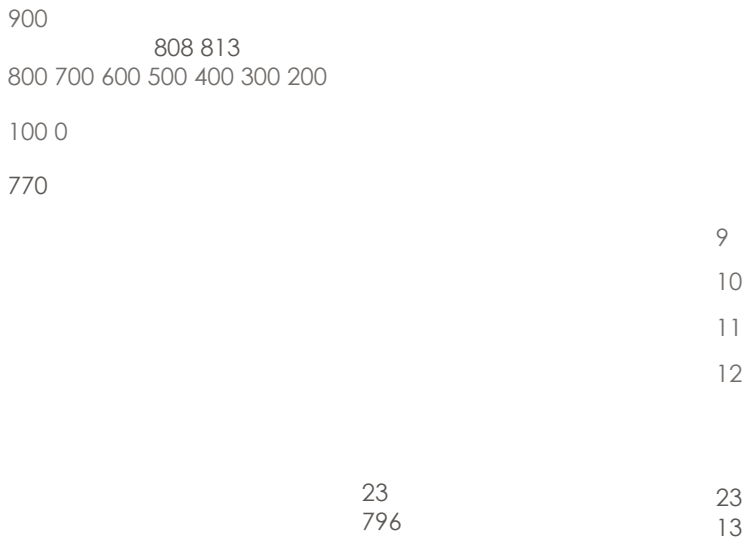




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 Grade Level Enrollment by School,  
 2021-2022 Middle Schools  
 n=2039



Grade Level Enrollment by School,  
 2021-2022 High Schools  
 n=3246





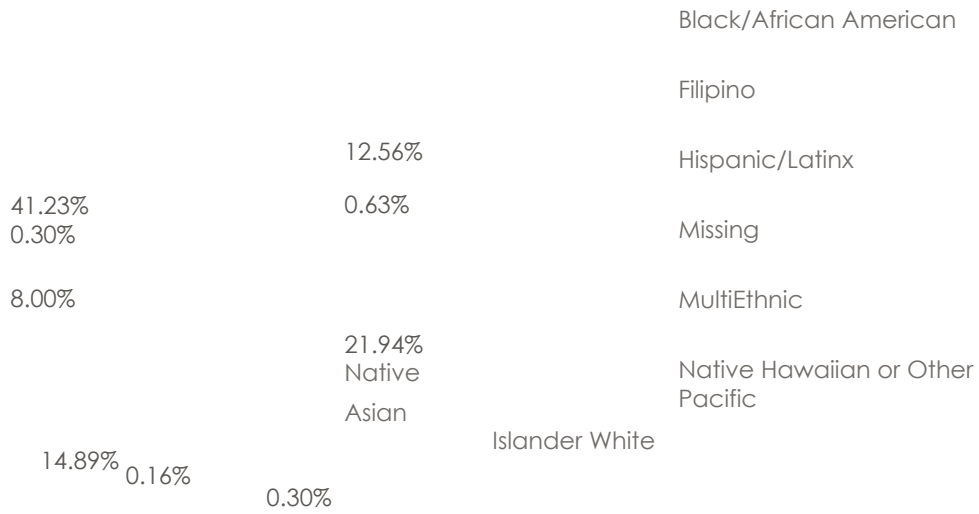
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 Average Absence Rate by School,  
 2021-2022 n=9317

Berkeley Arts Magnet atMiddle		6.6%
Whittier Berkeley High	Oxford Elementary at	6.5%
Berkeley Technology	West Campus Rosa	4.8%
Academy Cragmont	Parks Environmental	
Elementary	Science	4.6%
Emerson Elementary		7.1%
John Muir Elementary		5.9%
Longfellow Arts and	2.4%	
Technology Middle	4.3%	
Malcolm X Elementary	4.7%	18.1%
Martin Luther King	5.9%	
	Sylvia Mendez	
	Elementary Thousand	
	Oaks Elementary	
	4.0%	
	6.0%	
	6.6%	

Ruth Acty Elementary

Washington Elementary	0%	2%	4%	6%	8%	10%	12%	14%	16%	18%
Willard Middle	5.4%	20%								
	6.4%									

Race/Ethnicity District-wide, 2021-2022  
 n=9317 American Indian or Alaska



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 Race/Ethnicity by School, 2021-2022  
 n=9317

- Berkeley Arts Magnet at Whittier
- Berkeley High
- Berkeley Technology Academy
- Cragmont Elementary
- Emerson Elementary
- John Muir Elementary
- Longfellow Arts and Technology Middle
- Malcolm X Elementary
- Martin Luther King Middle
- Oxford Elementary at West Campus
- Rosa Parks Environmental Science
- Ruth Acty Elementary
- Sylvia Mendez Elementary
- Thousand Oaks Elementary
- Washington Elementary

White Native Hawaiian or Other Pacific Islander MultiEthnic Missing  
 Hispanic/Latinx Filipino  
 Black/African American Asian  
 American Indian or Alaska Native

## Appendix B. Administrator Interview Protocol

### Introduction

Hi, my name is \_\_\_\_\_ from RDA Consulting. We are partnering with Berkeley Unified School District (“BUSD”) to conduct the Mental Health Student Service Act (“MHSSA”) Needs Assessment. According to the Oversight & Accountability Commission, MHSSA partner programs are tasked with the following objectives:

- Preventing mental health challenges from becoming severe and disabling
- Improving timely access to services for underserved populations
- Providing outreach to families, employers, primary health care providers, and others to promote recognition of early signs of potentially severe and disabling mental health challenges
- Reducing stigma associated with the diagnosis of a mental disorder or seeking mental health services
- Reducing discrimination against people with unmet health needs
- Preventing negative outcomes in the targeted populations

As a part of this assessment we are interviewing key school leaders to learn more about the mental health supports and resources for students within each school and to help build broader understanding of the experiences of students and families, as well as the needs, challenges, and barriers to supporting equitable and culturally responsive environments that foster good mental health and wellness for the diverse student population served by BUSD. When we discuss mental health wellness, support and resources we encourage you to look at and think about the full spectrum of mental health wellness from prevention & resilience building for students, to identification and early intervention support, to treatment and provision of care.

Our conversation will take approximately 45 minutes. We appreciate you taking the time to share your perspective today. To help with our analyses, we would like to record this call. Do we have your permission to record?

Do you have any questions before we begin?

### Questions

#### School Program Overview

Let's begin with you sharing about the mental health supports and resources available at your school.

1. What kinds of mental health support and resources are available on campus? [Probe - What kinds of mental health screenings are conducted at your school, aspects of social

*connection and belonging fostered, poor behavioral health prevention & intervention support offered / supported by school? What programs & services are available]*

- a. How are these mental health supports & resources provided in a way that is culturally responsive to the diverse needs of your student population?

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2. How successful has BUSD been in providing mental health support and resources to students in your building(s)?
  - a. What student subpopulations are at greatest risk for not being identified for support or are being left out by current resources available? Would any student groups benefit from more unique support, services or resources? *[seek specificity on population aspects for this response]*
  
  - b. What types of mental health needs are not currently being met by the school? Is this for all students or specific students? *[seek specificity on population aspects for this response]*
  
3. How are students, families, teachers, and broader staff made aware of available mental health support and resources available to students? *[Probe - how does this look different for students/families and teachers/broader staff, is there overlap, are there gaps? What platforms are used? What languages other than English, if any?]*

### **Mental Health Need Identification**

1. What would you say are the greatest mental health needs of the diverse student population in your school?
  
2. How do students engage with and connect to needed supports and resources available? *[Probe - How are students' needs for additional support identified? Who is facilitating the connection between the student and the mental health supports/services that they need?]*
  
3. How are staff engaged in mental health support and need identification for students? *[Probe - what staff positions are most engaged? How does this align with student contact with early engagement and care?]*
  
4. How are staff engaged in the provision of support/services for students? *[Probe - what staff positions are most engaged? How does this align with student contact with early engagement and care?]*

### Pathway to Services

*For these next questions, I want you to think about what's working well at your school and the things that get in the way of serving students effectively and meeting the stated MHSSA goals.*

1. What is working well today in serving the mental health needs of the diverse student population on your campus? Have you seen any changes in what works in the program implementation over time?

2. What do you see as the main challenges and/or barriers to serving the mental health needs of the diverse student population on your campus? *[Probe – identifying students, working with families, providing ongoing services to students, space availability within facilities, communication across the district, working with mental health professionals and outside collaborating agencies]*
  - a. Where do you see the key friction points being to students getting the services that they need?
3. What – if any – additional school-based mental health supports do you feel would be useful for the diverse student population and families at your school?
4. How do you see systemic or cultural barriers impacting student ability to access or engage with mental health support and resources?

### Closing

*We talked about what is working well and challenges in supporting the mental health and wellness of students but I'd like to use our last few minutes together to get your perspective on solutions and what else we need to be thinking about for these students.*

1. Of all of the things that we discussed today, what to you is the most important?
2. Do you have any suggestions as to how the problems we discussed today can be addressed or fixed in order to improve mental health support & resources in your building and in the district overall?
3. Is there anything that you wanted to share about your experiences with and observations of the mental health support and resources and/or student wellness that I didn't ask about?

*Again, thank you for your time today.*

# Appendix C. Focus Group Protocols

## Mental Health Providers

### Introduction

Hi, my name is \_\_\_\_\_ from RDA Consulting. We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs Assessment. I will be facilitating the conversation today and am joined by \_\_\_\_\_ who will be taking notes during our conversation. Since virtual discussions sometimes have unexpected technology issues, we will place the questions that we ask into the chat and our notetaker will monitor the chat in case you have any issues. We also invite all to use their camera during today's discussion if able and to participate both verbally and through the chat. During today's discussion, you can answer questions and share experiences by unmuting your mic and sharing with the group. You can use the raise hand function at the bottom of your screen or raise your hand in your video too as needed.

We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs Assessment. According to the Oversight & Accountability Commission, MHSSA partner programs are tasked with the following objectives:

- Preventing mental health challenges from becoming severe and disabling
- Improving timely access to services for underserved populations
- Providing outreach to families, employers, primary health care providers, and others to promote recognition of early signs of potentially severe and disabling mental health challenges
- Reducing stigma associated with the diagnosis of a mental disorder or seeking mental health services
- Reducing discrimination against people with unmet health needs
- Preventing negative outcomes in the targeted populations

As part of this assessment we are conducting a virtual focus group with mental health providers and collaborating agencies to get your perspective on the mental health services provided by BUSD and understand what is working well and where there may be challenges in your collaboration with BUSD. We will take the information shared today and use it to assist in creating our overall assessment of the district's mental health services. This assessment will assist the district to further its continuous improvement efforts.

When we discuss mental health wellness, support and resources we encourage you to look at and think about the full spectrum of mental health wellness from prevention & resilience building for students, to identification and early intervention support, to treatment and provision of care.

Thank you for taking time out of your schedules to participate. We truly appreciate the opportunity to hear your perspectives.

Our discussion will take approximately 60 to 90 minutes. There are no right or wrong answers; we want to understand the diverse perspectives of all participants. Please note that everything shared here today will be completely anonymous in our reporting. No names or identifying information will be paired with what you share. To help ensure that our notes match

Do you have any questions before we begin?

## Questions

### Participant Introductions

To kick us off, I'm going to have us briefly introduce ourselves. Please state your name, how you work within BUSD schools, and the grade levels you primarily interact with in the district. I will call on each of you based on the order that you appear on my screen.

\_\_\_\_\_, will you start us out?

Have I missed anyone?

Ok, it was great to hear from you all. I am excited to dive in.

### Initial Point of Contact

Let's begin by talking about your point of connection for students in the district.

1. I'm going to start with a two-part question:
  - a. First, what types of mental health supports/services do you provide to students?
  - b. And then, how are students connected to these supports/services?
    - i. How are students' needs identified?
    - ii. Who facilitates the connection between you (your programs) and student(s)?
2. What does ongoing engagement with students look like in your role?
  - a. How long does the average student work with you?
  - b. What is the frequency of connections and touch points?
  - c. Where and when do students engage in support services? [Probe - office set up on campus, during normal instruction hours where they are leaving class, before/after school]

### Student Mental Health Needs & Service Utilization

We want to understand your perspectives on what has been working in the district's mental health service programs.

1. Overall, how accessible do you feel the services that you provide are to students in the district? [Probe - ease of access]
2. What is working well today in serving the mental health needs of the students in the district? [Probe – identifying students, working with families, providing ongoing services

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to students, communication across the district, working with mental health professionals and outside collaborating agencies]

- a. Where specifically have you seen success?
- b. Have you seen any changes in what works in the program implementation over time?

3. How successful has BUSD been in providing mental health support to students?
  - a. Which - if any - student subpopulations are being left out?
  - b. What types of mental health needs are not currently being met?
4. What has been your experience with the continuity of care for mental health and wellness support across grades and student school transitions? *[probe - when students change schools for any reason, when students move from elementary to middle to high, communication of support needs that take place]*
5. In what ways have you observed or been provided feedback about the students that you work with and their benefits and improvements made based on the mental health services provided by the school? *[Probe - early support for at-risk students, increased focus, social-emotional skills, academic successes, keeping students engaged, etc.]*

### **Challenges and Barriers**

*For these next questions, I want you to think about the things that get in the way of the program serving students effectively and meeting the stated MHSSA goals.*

1. How easy or hard is it to get students the services that they need?
  - a. What are the steps that students/families must take to get services?
  - b. What steps do staff have to take to ensure students get the needed services?
  - c. What knowledge do they have as mental health providers of other tier services and support resources for students at BUSD to support mental health and wellness?
2. What do you see as the main challenges or barriers to serving the mental health needs of the students in the district? *[Probe – identifying students, working with families, providing ongoing services to students, communication across the district, working with mental health professionals and outside collaborating agencies]*
  - a. Where do you see the key friction points being to students getting the services that they need?
3. What – if any – additional school-based mental health services do you feel would be useful for students and families in the district?
4. How do you see systemic, racial, cultural or other marginalized identity(ies) barriers impacting student ability to access or engage with mental health support and resources?

### **Closing**

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*We talked about what is working well, challenges, and gaps in the mental health services provided by BUSD but I'd like to use our last few minutes together to get your perspective on solutions and what else we need to be thinking about for these students.*

1. What – if any – additional support, resources, and/or programs do you feel would be important for the district to consider to ensure students feel safe, connected, included, and supported?
2. Of all of the things that we discussed today, what to you is the most important?



3. Do you have any suggestions as to how the problems we discussed today can be addressed or fixed in order to improve mental health support and wellness of students in the district?
4. Is there anything that you wanted to share about your experiences with and observations of the mental health support and resources and/or student wellness that I didn't ask about?

Thank you again for your time today. We truly appreciate your feedback. Take care.

## School Staff

### Introduction

Hi, my name is \_\_\_\_\_ from RDA Consulting. We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs Assessment. I will be facilitating the conversation today and am joined by \_\_\_\_\_ who will be taking notes during our conversation. Since virtual discussions sometimes have unexpected technology issues, we will place the questions that we ask into the chat and our notetaker will monitor the chat in case you have any issues. We also invite all to use their camera during today's discussion if able and to participate both verbally and through the chat. During today's discussion, you can answer questions and share experiences by unmuting your mic and sharing with the group. You can use the raise hand function at the bottom of your screen or raise your hand in your video too as needed.

We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs Assessment. According to the Oversight & Accountability Commission, MHSAA partner programs are tasked with the following objectives:

- Preventing mental health challenges from becoming severe and disabling
- Improving timely access to services for underserved populations
- Providing outreach to families, employers, primary health care providers, and others to promote recognition of early signs of potentially severe and disabling mental health challenges
- Reducing stigma associated with the diagnosis of a mental disorder or seeking mental health services
- Reducing discrimination against people with unmet health needs
- Preventing negative outcomes in the targeted populations

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As part of this assessment, we are conducting virtual focus groups with staff, students and families to gather your perspectives and experiences about the culture of mental health support and the level of mental health needs in the district. When we ask about mental health services and support, we mean both formal and informal support that promotes mental and emotional wellness, which could include guidance from a teacher, mental health awareness events or activities, involvement in a counseling group, peer mentoring, sports or arts activities that encourage feelings of belonging and connectedness, or any other supports that seem relevant to students' mental and emotional wellbeing at school.

We are interested in understanding if, how, and to what extent BUSD schools are environments in which students feel safe, connected, and supported and to build broader understanding of the experiences of students and families, as well as the needs, challenges, and barriers to

supporting equitable and culturally responsive environments that foster good mental health and wellness for the diverse student population served by BUSD.

Thank you for taking time out of your schedules to participate. We truly appreciate the opportunity to hear your perspectives.

Our discussion will take approximately 60 to 90 minutes. There are no right or wrong answers; we want to understand the diverse perspectives of all participants. Please note that everything shared here today will be completely anonymous in our reporting. No names or identifying information will be paired with what you share. To help ensure that our notes match what is said during our time together, we will be recording this focus group and the recording will only be used by RDA Consulting for our analyses.

Do you have any questions before we begin?

## Questions

### **Participant Introductions**

To kick us off, I'm going to have us briefly introduce ourselves. Please state your name, your role at BUSD, and the grade levels you primarily interact with in the district. I will call on each of you based on the order that you appear on my screen.

\_\_\_\_\_, will you start us out?

Have I missed anyone?

Ok, it was great to hear from you all. I am excited to dive in.

### **Student Mental Health Needs & Resource Utilization**

We want to understand your perspectives on what has been working in the district's mental health programs and support.

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1. What is working well today in supporting the mental health needs of students in the district? [*Probe – identifying students, working with families, providing ongoing support to students, building spaces of connection & belonging, communication across the district, working with mental health professionals and outside collaborating agencies*]
  - a. Where specifically have you seen success?
  - b. Have you seen any changes in what works in the program implementation over time?
2. How successful has BUSD been in supporting student mental health & wellness overall?
  - a. Which - if any - student subpopulations are being left out or under supported?
  - b. What types of mental health needs are not currently being met by the school?
3. In what ways have you seen the students on your campus benefit from mental health support and resources provided by the school? [*Probe - early support for at-risk students, increased focus, social-emotional skills development, academic successes, keeping students engaged, etc.*]

## **School Program Overview**

*Now let's talk more about the mental health services provided by the district.*

1. What kinds of mental health support and resources are available on campus? *[Probe - What kinds of mental health screenings are conducted at your school, aspects of social connection and belonging fostered, poor behavioral health prevention & intervention support offered / supported by school?]*
2. How are students, faculty, and staff made aware of the mental health supports and resources available?
3. How do students access and get connected with support and resources available?
  - a. How are students' needs identified?
  - b. Who facilitates the connection between the student and the mental health supports that they need?

## **Challenges and Barriers**

*For these next questions, I want you to think about the things that get in the way of effectively addressing the mental health and wellness needs of students.*

1. How easy or hard is it to connect students to mental health support and resources?
  - a. What are the steps that students/families must take to seek additional mental health support at school?
  - b. What steps do staff have to take to ensure mental health support is provided for students? *[probe - is there a level of mental health support or wellness that is easier or more difficult to connect students to?]*

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2. What do you see as the main challenges or barriers to serving the mental health needs of the diverse student population on your campus? *[Probe – identifying students, working with families, providing ongoing services to students, space availability within facilities, communication across the district, working with mental health professionals and outside collaborating agencies]*
  - a. Where do you see the key friction points being to students getting the services that they need?
3. What – if any – additional school-based mental health supports or resources do you feel would be useful for the diverse student population and families at your school?
4. How do you see systemic or cultural barriers impacting student ability to access or engage with mental health support and resources?

## **Closing**

*We talked about what is working well, challenges, and gaps in the mental health and wellness of support provided by BUSD but I'd like to use our last few minutes together to get your perspective on solutions and what else we need to be thinking about for students.*

1. What – if any – additional support, resources, and/or programs do you feel would be important for the district to consider to ensure students feel safe, connected, included, and supported?
2. Of all of the things that we discussed today, what to you is the most important?
3. Do you have any suggestions as to how the problems we discussed today can be addressed or fixed in order to improve mental health support and wellness of students in the district?
4. Is there anything that you wanted to share about your experiences with and observations of the mental health support and resources and/or student wellness that I didn't ask about?

*Thank you again for your time today. We truly appreciate your feedback. Take care.*

### **Students (from Berkeley Technical Academy)**

#### **Introduction**

*Hi, my name is \_\_\_\_\_ from RDA Consulting. We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs Assessment. I will be facilitating the conversation today and am joined by \_\_\_\_\_ who will be taking notes during our conversation. Since virtual discussions sometimes have unexpected technology issues, we will place the questions that we ask into the chat and our notetaker will monitor the chat in case you have any issues. We also invite all to use their camera during today's discussion if able and to participate both verbally and through the chat. During*

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*today's discussion, you can answer questions and share experiences by unmuting your mic and sharing with the group. You can use the raise hand function at the bottom of your screen or raise your hand in your video too as needed.*

*As part of this assessment we are conducting this virtual focus group with students to gather your perspectives and experiences about the culture of mental health support and the level of mental health needs in the district. When we ask about mental health services and support, we mean both formal and informal support that promotes mental and emotional wellness, which could include guidance from a teacher, mental health awareness events or activities, involvement in a counseling group, peer mentoring, sports or arts activities that encourage feelings of belonging and connectedness, or any other supports that seem relevant to you to your mental and emotional well being at school. We are interested in understanding if, how, and to what extent BUSD schools are environments in which students feel safe, connected, and supported.*

*Thank you for taking time out of your schedules to participate. We truly appreciate the opportunity to hear your perspectives.*

*For this hour long discussion, I will be asking a series of questions about your experiences with the mental health services at BUSD. While we will encourage everyone to participate in the discussion, you are not required to answer any of the questions you do not want to. There are no right or wrong answers; we want to understand the diverse perspectives of all participants. We ask that only one person speaks at a time and that everyone is respectful to one another.*

You will receive a \$30 virtual gift card to thank you for your participation today.

Please note that everything shared here today will be completely anonymous in our reporting. No names or identifying information will be paired with what you share. We also do not expect, nor need, you to share any personal health information or medical diagnosis with us or the group but are interested in your experiences and thoughts on what would best support you to have your best mental health. To help ensure that our notes match what is said during our time together, we will be recording this focus group and the recording will only be used by RDA Consulting for our analyses.

Do you have any questions before we begin?

## Questions

### Participant Introductions

To kick us off, I'm going to have us briefly introduce ourselves. Please state your first name (what you go by), something you do to lower your stress levels or practice self-care, and why you agreed to join us for our focus group discussion today. I will call on each of you based on the order that you appear on my screen.

\_\_\_\_, will you start us out?

Have I missed anyone?

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Ok, it was great to hear from you all. I am excited to dive in.

### Mental Health Needs

First, we would like to hear about your experiences with the mental health support at your school.

1. What would you say are the key things that you need and your classmates need to feel safe, connected, included, and supported at school?
  - a. Which of those needs are being met at your school? How so?
  - b. Which of those needs are not currently being met at your school?
2. What do you think your school could do to better meet your needs, and/or the needs of your classmates?

### Barriers to Access or Utilization

3. Have you or your classmates faced any barriers to seeking or accessing the mental health support you need at school?
  - a. How – if at all – do people's negative attitudes about mental health impact if and when the students in your school seek support?
  - b. Does race, sexual orientation, gender identity, disability, immigration status, or any other identities impact the support students receive at your school? How?

## **School Program Overview**

*Next, we want to understand what you know about available resources and supports provided in BUSD to support student mental health. Note that while we will ask about your current school, you are also welcome to share experiences about other BUSD schools you have attended.*

4. Do you know what mental health support is available at your school? Can you share any particular types of mental health support available that you are aware of?
5. How did you learn about the mental health supports available at your school? [*Probe - Heard about services through school wide communication vs. made aware through targeted communication? Did you have to seek out the information?*]
6. How do you feel about the mental health support offered by your school? [*Probe - Breadth/variety of services? Quality of the services? Accessibility of services?*]

## **Access and Utilization of Supports**

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*In our next set of questions, we would like to dig into your experiences using, or trying to use, the mental health supports throughout your time in the Berkeley Unified School District.*

7. [if attended BUSD in elementary and/or middle school] Think back to your time in elementary and middle school in BUSD, how would you describe the mental health supports at these schools? [*Probe - awareness, accessibility, stigma “negative associations and feelings about mental health”*]
  - a. Are there any particular ways elementary and/or middle students were supported?
  - b. Would there be anything you would have liked to see improved or provided in the elementary and/or middle schools?
8. Now let's talk about the high school you attended before attending Berkeley Technical Academy, how would you describe the mental health support at the high school? [*Probe - awareness, accessibility, stigma*]
  - a. Are there any particular ways high school students like you and your classmates were supported?
  - b. Would there be anything you would have liked to see improved or provided at the high school?
9. Now think about times that you or your classmates may have wanted support with mental health.
  - a. How easy or hard was it for you to get the support that you needed?
  - b. What were some of the things that made it easy or hard to get the right services? [*Probe - communication between school and parents/guardians, referrals for additional services, other life circumstances/responsibilities, etc.*]

## **Support Improvements or Additions**

10. Now consider your and your classmates ongoing experiences with BUSD in terms of mental health support and your sense of safety, wellness and belonging at school. a. What is going particularly well?  
b. What needs improvement?
11. If BUSD were the ideal environment for optimal student mental health and wellness, what would that look like?
12. In what ways - if any - have the students at your school benefited from the mental health support provided by the school? [*Probe - Improved communication at home? Coping mechanisms? Improved academic or social outcomes at school?*]
13. Has support seemed approachable and welcoming to you and your classmates, including in terms of culture, race, and identity?

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14. What – if any – additional support do you feel would be (or would have been) useful to you and your classmates, in terms of feeling safe, connected, included, and supported?

## **Service Impact & Closing**

*For these final questions we want to give you the opportunity to share anything that we may not have covered in our discussion but that you think is important for us to know.*

15. What are some of the main worries or concerns that are common for students at your school? [*Probe - school, work, family, future, mental health programs/support systems*]
16. We talked a lot about the availability, access, and use of the mental health supports at your school, but in this final question I want to know if there is anything we have missed. Is there anything that you wanted to share about the availability and use of BUSD mental health services and/or any other ideas for how BUSD can best support your mental wellness that I didn't ask about?

*Thank you again for your time today. We truly appreciate your feedback. Take care.*

## **Parents and Caregivers**

### **Introduction**

*Hi, my name is \_\_\_\_\_ from RDA Consulting. We are partnering with Berkeley Unified School District ("BUSD") to conduct the Mental Health Student Service Act ("MHSSA") Needs*

Assessment. I will be facilitating the conversation today and am joined by \_\_\_\_\_ who will be taking notes during our conversation. Since virtual discussions sometimes have unexpected technology issues, we will place the questions that we ask into the chat and our notetaker will monitor the chat in case you have any issues. We also invite all to use their camera during today's discussion if able and to participate both verbally and through the chat. During today's discussion, you can answer questions and share experiences by unmuting your mic and sharing with the group. You can use the raise hand function at the bottom of your screen or raise your hand in your video too as needed.

As part of this assessment, we are conducting a number of virtual focus groups with parents and caregivers, students, and school staff to gather perspectives and experiences about the culture of mental health support and the level of mental health needs in the district. When we ask about mental health services and support, we mean both formal and informal support that promote mental and emotional wellness, which could include guidance from a teacher, mental health awareness events or activities, involvement in a counseling group, peer mentoring, sports or arts activities that encourage feelings of belonging and connectedness, or any other supports that seem relevant to you to your child's mental and emotional wellbeing at school. We are interested in understanding if, how, and to what extent BUSD schools are environments in which students feel safe, connected, and supported.

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We will take the information shared today and use it to assist in creating an overall report of the district's current mental health support and any needs for new or additional types of support.

Thank you for taking time out of your schedules to participate. We truly appreciate the opportunity to hear your perspectives.

For this hour-long discussion, I will be asking a series of questions about your perspective on mental health support in BUSD. While we will encourage everyone to participate in the discussion, you are not required to answer any of the questions you do not want to. There are no right or wrong answers; we want to understand the diverse perspectives of all participants. We ask that only one person speaks at a time and that everyone is respectful to one another. Would everyone please share their name in the chat box to help with today's attendance? You will receive a \$30 virtual gift card to thank you for your participation today.

Please note that everything shared here today will be completely anonymous in our reporting. No names or identifying information will be paired with what you share. To help ensure that our notes match what is said during our time together, we will be recording this focus group and the recording will only be used by RDA Consulting for our analyses.

Do you have any questions before we begin?

## Questions

### Participant Introductions

To kick us off, I'm going to have us briefly introduce ourselves. Please state your first name (what you go by), the grade level of your student(s), and why you agreed to join us for our focus group discussion today. I will call on each of you based on the order that you appear on my screen.

\_\_\_\_\_, will you start us out?



*Have I missed anyone?*

*Ok, it was great to hear from you all. I am excited to dive in.*

### **Family Mental Health Needs**

*First, we want to learn more about the specific needs of the families in your school. We will not ask you to share any specific medical diagnosis for your child(ren) in your sharing nor do we expect you to share that in the group.*

1. What would you say are the things that students need in order to feel safe, connected, included, and supported at school?

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- a. How are those needs currently being met at your child's school?
- b. Which of those needs are not currently being met at their school?

### **Barriers to Access or Utilization**

2. Have you seen any barriers to students and families seeking or accessing the mental health support they need at school?
  - a. How do people's negative attitudes about mental health support (stigma) impact if and when the students and families in your school seek support?
  - b. How does race, sexual orientation, gender identity, disability, immigration status, or any other identities impact students and families' opportunity to access support at your school?

### **School Program Overview**

*Now we want to understand what you know about available resources and supports provided at BUSD to support student mental health.*

3. Do you know what mental health support is available at your student(s)'s school? Can you share any types of mental health support available at your student(s)'s school that you are aware of?
4. How did you learn about the mental health supports available at your school? [*Probe - Heard about services through school wide communication vs. made aware through targeted communication? Did you have to seek out the information?*]
5. How do you feel about the mental health supports offered by your school? [*Probe - Breadth/variety of services? Quality of the services? Accessibility of services?*]

### **Access and Utilization of Supports**

*In our next set of questions, we would like to dig into your experiences of your student, or other students and families, using, or trying to use, the mental health supports provided by the school. Please only share what you are comfortable sharing.*

Think about all of the ways that your student or students in other families at your school have

engaged with any of the school mental health supports - as a reminder these include any activities, both formal and informal, that have been relevant to the student's well being.

6. What does mental health support look like for your student or other students that you know? *[Probe - Being part of a sports team? Daily check-in with an adult? Courses that include social-emotional skills? Seeing a mental health professional during the school day? Social-skills group? ]*
7. How are students connected to these supports? *[Probe if comfort levels allow - Were they encouraged to join a program? Did they receive a referral from school staff? Did your student have a mental health screening?]*

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8. How easy or hard has it been to get students the mental health support that they needed at school?
  - a. What were some of the things that made it easy or hard to get the right services? *[Probe - communication from faculty/staff, referrals for additional services, etc.]*
9. What has been your experience with the continuity of care for mental health and wellness support across grades and student school transitions? *[probe - when students change schools for any reason, when students move from elementary to middle to high, communication of support needs that take place]*

### **Support Improvements or Additions**

10. Now consider your ongoing experiences with BUSD in terms of mental health support.
  - a. What is going particularly well?
  - b. What needs improvement?
11. If BUSD were the ideal environment for optimal student mental health and wellness, what would that look like?
12. In what ways - if any - have the students you know benefited from the mental health support provided by the school? *[Probe - Improved communication at home? Coping mechanisms? Improved academic or social outcomes at school?]*
13. What – if any – additional school-based mental health support do you feel would be useful for your or other families in the school?

### **Service Impact & Closing**

*For these final questions we want to give you the opportunity to share anything that we may not have covered in our discussion but that you think is important for us to know.*

14. Are there any additional worries or concerns about the mental health support provided by the school, or your students' or other families' utilization of any particular supports? If so, please describe.
15. We talked a lot about the availability, access, and use of the mental health supports at your school, but in this final question I want to know if there is anything we have missed. Is there anything that you wanted to share about the availability and use of

BUSD mental health services and/or any other ideas about how BUSD can best support your student(s) mental wellness that I didn't ask about?

*Thank you again for your time today. We truly appreciate your feedback. Take care.*

## Appendix D. Student Peer-to-Peer Interview Protocol

### Introduction

*Hi, my name is and I'm a [year in school] at Berkeley Unified High School. I'm participating in a research project to help our school district understand what is needed to promote and support student mental health, which could include anything that might help students feel safe, connected, and supported. In order to better understand what students need, the district has asked us to conduct interviews with high school students on your mental health needs, experiences, and perceptions.*

*I appreciate you taking time to complete an interview with me. I expect this will take 15-20 minutes, and you will receive a \$15 gift card for your time. Gift cards will be delivered via email which is why I will collect your email as a part of this interview. Your email will not be shared with others or used for any other reason beyond sending your gift card.*

*I hope you feel able to share freely your thoughts and experiences with me. I received training on confidentiality, and I will keep what you share with me confidential. We will be reporting on themes in students' needs and experiences as a whole but will not attribute anything to you specifically. You don't have to answer any particular questions if you don't want to. Just let me know, and I can skip it. There are no right or wrong answers to these questions.*

*Do you have any questions or concerns before we start the interview?*

### Questions

#### Introductions

1. To start, will you please share your name, email, your grade, and how long you have been going to Berkeley schools?  
*Probe, if needed: Did you attend elementary school and middle school in Berkeley? Did you transfer in from another district?*

2. If you were in Berkeley Unified, which school/s did you attend for elementary and middle school?

#### Mental health service experiences

First, I'm going to ask you a couple of questions about your understanding and experience of existing support and resources for student mental health at our school.

3. Do you know what mental health supports and resources are offered at this school? If so, can you tell me what you know about them?
4. How did you learn about the mental health support available at this school?  
*Probe, if needed: did you learn about them from a teacher? Friends? Mass communication like flyers or email?*

5. Have you ever received mental health support at this school, or know anyone who has? What was that like?

*Probe, if needed: this might include social-skills groups, daily check-in with adults, classroom behavior interventions, meeting with a counselor, or informal support from a teacher or friend.*

6. What do you think about the mental health support available at your school? *Probe, if needed: are there enough services? Are they accessible? Are services good quality? Do they match what students need?*

### Mental health needs

Next, I'm going to ask you a couple of questions about your and your classmates' mental health needs.

7. What would you say are the most important things you and your classmates need in order to feel safe, connected, and supported at school?

*Probe, if needed: this might include things like stress management, support with anxiety or depression, support with social relationships, or something else.*

8. How well do you think the school is doing at meeting those needs?

9. What do you think your school could do to better meet your mental health needs, and/or the needs of your classmates?

*(Are there any kinds of support you think would be helpful that the school doesn't currently have?)*

10. Is there anything that prevents you or your classmates from seeking help with your mental health at school?

*(Do you have any concerns about what other people might think about getting mental health support? Do you believe the available support is going to be useful to you? Do you feel it is welcoming to you in terms of your racial, gender, sexual orientation, or other identity?)*

11. Is there anything that prevents you or your classmates from getting the support you need if/when you do seek it out?

*(Do you not want to miss class? Have you been told you don't qualify for services? Anything else?)*

### Other

12. Lastly, is there anything else you would like to share about your experiences or needs for mental health support at school, that we didn't talk about yet?

*Thank you for taking the time to complete an interview with me.*

## Appendix E. Recommendations and Prioritization

Recommendations made have been aligned into three priority areas to support planning and implementation of the next steps for BUSD. These priority areas include – immediate, mid-term and long-term priorities. Additionally, alignment with MHSSA goals has been a foundational and driving benchmark for each recommendation made and to provide further accountability of action across the district as it relates to MHSSA funding awarded to support mental health services and programs at BUSD.

*Priority areas & levels:*

- Immediate. Foundational action to support subsequent recommendations and build greater ability for sustained action.
- Mid-term. Core actions that may require additional planning and/or reallocation of personnel and which would benefit from action first being taken to address recommendations noted as “immediate” in nature.
- Long-term. Actions may require greater budget and/or personnel expansion or reallocation as well as additional planning or asset mapping to support implementation.

Priority Area	Impact Tier	Recommendations
<p><b>Immediate</b></p>	<p><b>Administrati on &amp; District-wide</b></p>	<p>Development of a diversity-informed district-wide strategic plan for the sup health, including an internal and external communication plan during both implementation periods. It is recommended that the strategic planning pro</p> <ul style="list-style-type: none"> <li>a. A comprehensive asset map of the current mental health services, su FTE across all school sites and BUSD administration.</li> <li>b. A clear definition of mental health for BUSD, as well as clearly identifie increase mental health service capacity and sustainability through actionable strategies, measurements of success, and individuals res implementation and accountability.</li> <li>c. The establishment of a listening and feedback process that elevates and parents/caregivers from non-dominant cultures and backgrounds v different cultural norms and experiences of power and privilege amon be expected to result in different styles of parent/caregiver advoc</li> </ul>
		<p>In coordination between BUSD and individual school administrators, conduc financial assessment that identifies current per capita student funding withi</p>

		<p>Develop a district wide strategy for mental health supports and goals for work, clear processes, protocols, and position descriptions supporting mental health services. This may be best served as a previously recommended or serve as a complimentary follow-up.</p>
	<p><b>Students &amp; Families</b></p>	<p>Assess current space dedicated to mental health wellness and school-day periods of time. Then establish a clear strategy to ensure physically inviting spaces as well as protected time during the school building meaningful connections and normalize mental wellness time to each week, etc.)</p>
		<p>Further assess the trend of increasing school avoidance, absenteeism, and participation. Transition approaches away from punishment or punishment stress and traumatize students or add to exclusion time.</p>
		<p>Continue development and implementation of universal screening that is inclusive of all students at regular intervals throughout each school year. Supports are consistently provided timely and solution-focused supports.</p>
	<p><b>Staff &amp; School-site</b></p>	<p>Expand COST team membership to include frontline staff positions with students (e.g., aides, safety officers, etc.) to support a more</p>
<p><b>Mid-term</b></p>	<p><b>Administration &amp; District-wide</b></p>	<p>The District should develop a comprehensive crisis intervention protocol response worker for the district who is able to provide leadership in crisis situations, and who coordinates education, outreach, community activities in non-crisis periods.</p> <p>BUSD is recommended to develop a base mental health service site that accounts for equitable needs of students served and provide transparency, and predictability for proactive service planning.</p> <p>Explore benefits of shifting to a centralized contracting process for services and supports to eliminate duplication of administrator effort and equitable service availability across school sites.</p>

		Support a learning & sharing collaborative that provides regular mental health professionals across all school sites to increase pro practices,
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		and provide space for integration and growth of community pa that support mental health wellness for students and staff.
		Establish and support a feedback and communication process s planning that provides for regular pathways for the District to hee staff, students, and parents/caregivers.
	<b>Students &amp; Families</b>	Prioritize and support the development of more group-based the building spaces. Through diversity-informed principles, establish provide sustainable space for groups to meet and share within t
		Shift focus to prioritize more tier 1 supports for student SEL/menta student driven needs such as general stress management, anxie challenges, etc.
		Develop a comprehensive communication plan to strengthen for students and their families. Increase transparency of district (e.g., including broadening website pages for health and well as well.)
		Increase mentorship (including peer-mentorship) and student re opportunities that are incorporated within the school-day. Stud opportunities if they were operationalized as core school-day co on evenings, weekends, or missed class times.
	<b>Staff &amp; School-site</b>	Provide more focused professional development opportunities fo mental health and wellness needs for students and self-support. afforded and required of all staff at school sites and district adm should include, but not be limited to the inclusion of SEL skills in c interactions, unconscious bias, diversity training, trauma-informe training provided is incorporated into annual staff development and training processes to increase institutional knowledge and s

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<b>Long-term</b>	<b>Administrati on &amp; District-wide</b>	There is greater need for the prioritization and provision of Tier 1 s and wellness across all students and evolve primary focuses of B prevention and preventative support where possible. Increase s through the incorporation of greater social connection making designated homeroom period for student connection building, groups and mentorship opportunities, etc.)
		Increase care navigation and student and family case manage through the incorporation of positions that can provide those se care navigation coordinator to support cohesion and provide c

	<b>Student &amp; Family</b>	Be consistent and support-oriented to build bridges and relationship support services through social workers and other like school-based parent education and family navigation services.
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