

Berkeley High School Health Needs Assessment



Presentation to Steering Committee, May 22, 2017

PRL-Institute for Health Policy Studies

University of California San Francisco



Needs Assessment Goal

To determine the behavioral health needs and access to support services among Berkeley High School students in order to inform the development of a more coordinated and efficient behavioral health care support system on campus



SBBH Model Core Components

- Three Tiers of Support
- District Capacity
- Coordination Practices
- School-Wide Responsibility
- Cultural Responsiveness
- Ongoing Assessment



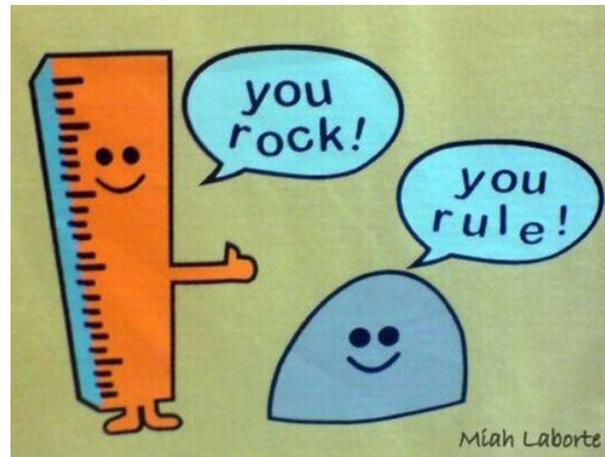
Key Needs Assessment Questions

- What are the student behavioral and physical health needs? (*Three Tiers of Support*)
- What are the existing behavioral health services on campus (inventory of services)? Where are there gaps in service? (*Three Tiers of Support, Coordination Practices*)
- Is BSHHC accessible to all students? What are the barriers? (*Three Tiers of Support, Cultural Responsiveness, Coordination Practices*)
- How can the school better support the behavioral health needs of African-American and Latino students and influence the achievement gap? (*Cultural Responsiveness, School-Wide Responsibility*)

Key Needs Assessment Questions

- How can these services be better coordinated and integrated throughout the school? (*Coordination Strategies*)
- How can these services be financed more efficiently and effectively? (*District Capacity*)
- Using a broad definition of “behavioral health” supports – what additional efforts could help to create a more positive environment for youth? (*School-Wide Responsibility, Three Tiers of Support, Cultural Responsiveness*)

THANK YOU
to all partners who
assisted with
data
collection!



Methodology

Data Collection Strategy	Description	Sample
<i>Secondary data analysis/review</i>	Secondary data analysis: <ul style="list-style-type: none">• SHC client & service data• CHKS• Client Survey• SHC Utilization Survey	N=1,350 clients N=949 students N=94 clients N=441 students
<i>Student Focus Groups and Participant Surveys</i>	3 focus groups with high school students	N= 34 students
<i>Parent Surveys</i>	Paper and web-based survey distributed by parent partners	N=163 parents

Methodology (cont.)

Data Collection Strategy	Description	Sample
<i>School Staff Surveys</i>	Web-based survey sent out by principal	N=108 staff
<i>Key Stakeholder Interviews and Focus Group</i>	Telephone and in-person interviews and focus group with steering committee	N=8 individual interviewees, 9 focus group participants
Student Survey	Items included in Project AWARE survey of 9 th and 11 th grade students	TBD

Key Findings

Key Findings:

- Student health needs

- 26% of students felt sad/hopeless for 2 weeks or more.
- Students experience stress, anxiety, tiredness due to academic pressure and balancing other responsibilities.
- Nearly all staff and parents (100-97%) reported “some” or “a lot” of students are anxious, engaged in drug or alcohol use, and have problems at home.

- Gaps in BH services

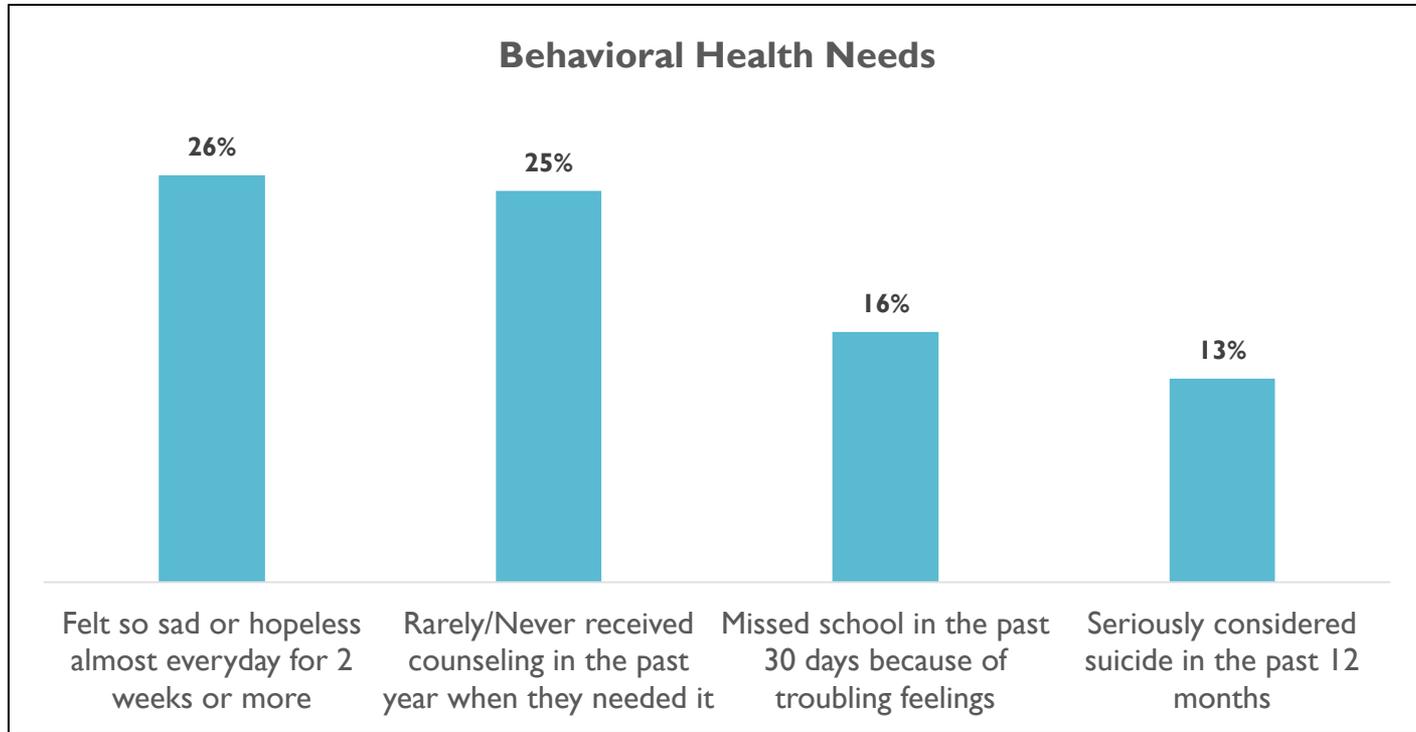
- 25% of students rarely/never received counseling when they needed it.
- BHS has high quality BH services but understaffed, under resourced, and consumed by crisis support.
- Students may not be aware of Health Center services.

Key Findings:

- **Accessibility of BH services for all students**
 - Students struggle with trusting adults like counselors, especially if aren't "relatable", friendly, reflect culture.
 - Students whose issues reach a "crisis level" are the ones that receive services.
 - Limited scope of services serves the very high-risk students or the higher-functioning that seek services.
- **School Climate**
 - In general, students do not find school welcoming, particularly because of negative relationships with teachers and school pressure.
- **Cultural Responsiveness**
 - Mixed reports from students and parents, but room for improvement.
- **Coordination/integration of BH services**
 - Limited coordination of services is attributed to limited staffing of services.
- **Financing BH services**
 - Need for improved funding and support of expanded services to meet the high demands of the student population.

What are the student behavioral and physical health needs?

Self Reported Behavioral Health Issues



Biggest Problems for Students at BHS

School:

- Stress/tiredness due to school - homework, testing
 - *“Teachers don’t understand what kids are going through...that we have so much going on.”*
 - Lack of motivation, incentive to excel in school, hard to focus – School is boring!
- Bullying, fighting – cyber-bullying, disrespect/making fun of other kids

Outside of school: jobs, family issues, peer relationships, home responsibilities

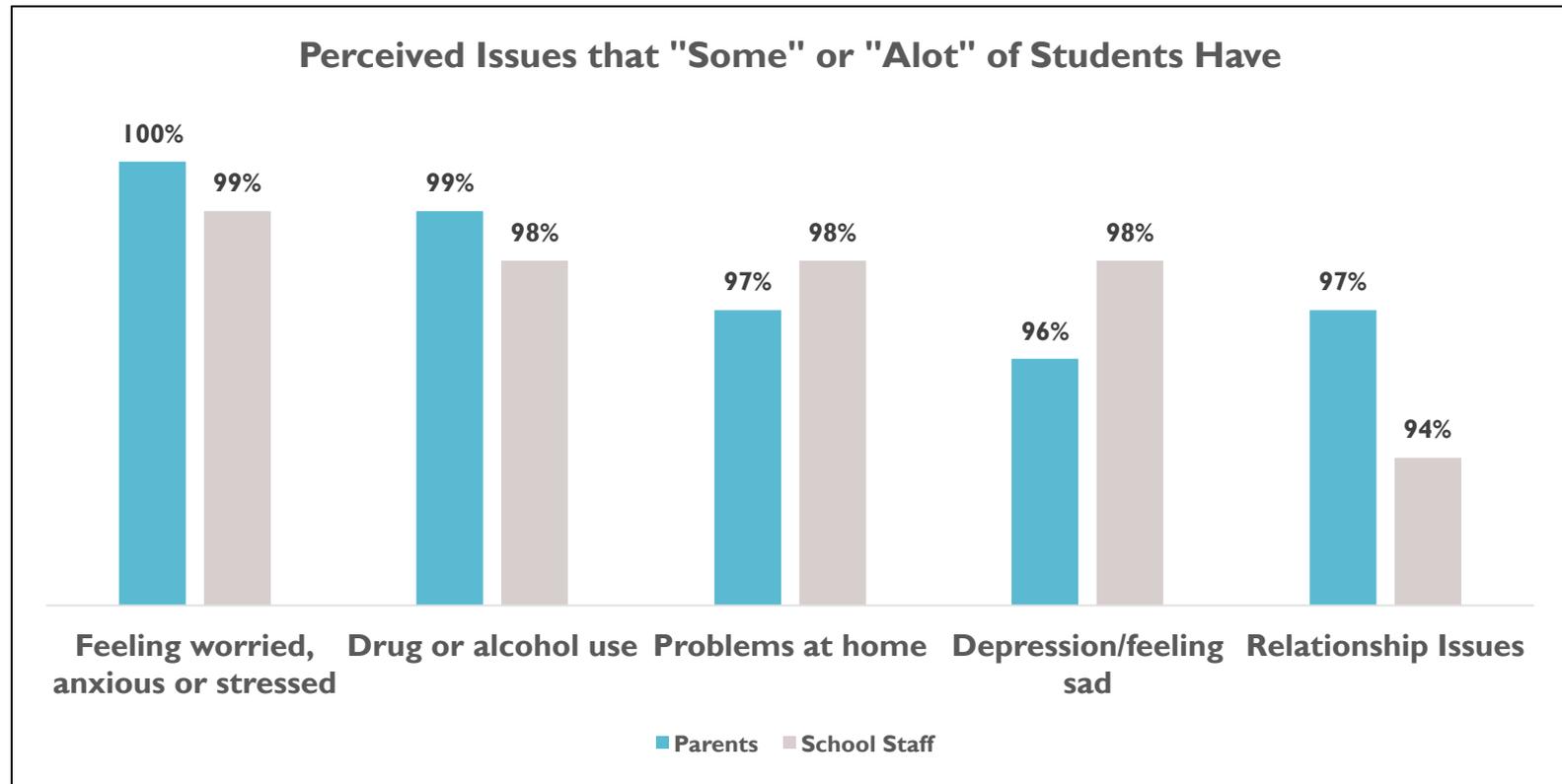
Stress of “balancing everything” leads to:

- Lack of sleep
- Headaches
- Anxiety
- Depression
- Drug (marijuana) /alcohol use



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Staff & Parents' Perceptions of Student Issues



Student survey data pending!

Key Stakeholders' Perceptions of BH Health Needs

- The **greatest behavioral health needs** of BHS students mentioned were **anxiety and depression**.
 - Attributed to exposure to trauma, stressful home situations, academic pressures, poor sleep habits, and social pressures compounded by social media.
- Suicidal cases were described as the most time consuming.
- A dramatic increase in these cases was noted by an academic counselor who has worked at BHS for 21 years,
“We’re seeing a lot of depression and anxiety. They’re showing up more than ever before and more than anything else.” One respondent attributes this increase in depression and anxiety with a preoccupation of social media.”

What are the existing behavioral health services on campus? Where are there gaps in service?

Behavioral Health Services at BHS



Most Supported Behavioral Health Issues

Berkeley High School:

- Behaviors that reach a crisis level, such as suicidal ideation/ threat, combative or disruptive behavior.

“A kid threatening to harm themselves always gets support. After that, I think things get tricky because we are operating in crisis – we’re not helping kids work on problems before they take over their lives. We’re always triaging.”

Health Center:

- Crisis cases, such as suicide and severe depression cases, get the most support from the health center.
- Students with lower-risk behaviors or issues seek out and receive mental health services at the health center.

Strengths of Behavioral Health Services:

Berkeley High School:

- The **quality and commitment of the staff** providing mental health support.
- The **trauma-informed approach** that OCI staff utilize was also seen as an asset.

Health Center:

- Health education and reproductive health services (AmeriCorps staff),
- Health Center Director's collaborative efforts
- Historically supportive role it played in supporting the mental health needs of students.

Awareness of School Health Services

Students:

- Mentioned OCI, Health Center, Academic counselors
- “Most kids don’t know about services”
- Suggested assemblies, health fairs and more posters, signs

Parents:

- 95% aware of Health Center at BHS, 9% had been
- Most likely to know about reproductive health care, mental health services, and immunizations
- Least likely to know about lab testing, prescriptions, chronic illness management

Unmet Behavioral Health Needs

Berkeley High School

- Widely viewed by stakeholders that mental health services are **critically understaffed and under-resourced** to meet the needs of the student population.
- Common acknowledgement that **informal methods of providing support** are widely practiced by academic counselors, SROs and SSOs, and teachers.
 - Academic counselors seen as first point of contact – providing crisis and triage support.
- Some stakeholders reported that the services are provided in a reactive manner – addressing one crisis to the next.
- A small portion of students with challenging behavior (about 10-15 students) viewed as absorbing most of support staff's time and resources.

Unmet Behavioral Health Needs

Health Center

- Commonly noted that the health center used to better meet the mental health needs of students but they now offer inadequate support.
- One mental health staff is seen as insufficient to meet the needs.
- It was noted that the mental health services operate in crisis mode and do not address the ongoing needs of students.

Is BHSHC accessible to all students?

Students Less Likely to Access Behavioral Health Services

According to stakeholders:

- Students from lower socioeconomic backgrounds, higher-risk, students of color, and English learning students.
 - *“I’m concerned about the number of students I know who have high anxiety and depression and depending on their demographic what happens to them. Low income students might roam the halls and get in trouble.”*
 - OCI and Special Education services were viewed as playing an important, though not sufficient, role in reaching higher-risk students from lower socioeconomic backgrounds.
- Students from higher socioeconomic backgrounds or with private health insurance seen as more likely to access services.
 - *“A majority that would self-refer had private insurance which was ok but I wish there was more work done to bring in more marginalized and diverse students to the health center to get health services.”*

Are Services Provided to All Students in an Equitable Way?

Berkeley High School

- Broad agreement that students that are acting out (either suicidal or disruptive) get the most attention, and those that are suffering, but not acting out, don't get sufficient support.
- Some report that students from higher socioeconomic backgrounds receive more support.

“The kids that have money, are getting more attention from staff than those that don't... The people who really need it – has trauma experience etc. They don't get it because it takes a parent to advocate for it legally. It's the higher income parent that can afford and knows how to navigate the system to get this.”

Are Services Provided to All Students in an Equitable Way?

Health Center

- Some stakeholders said the **lack of services** prevents them from providing services in an equitable way.
- Other reasons for not providing services equitably is:
 - Lack of insurance coverage for some services and
 - Some students not being able to get their families to complete the permission form.

What are the barriers to access?

Barriers to Health Center Access

- Lack of knowledge among students about location, availability, services
- Lack of satisfaction with Health Center
 - Experiences with unfriendly staff, not diverse/representative of student population
 - Students don't trust staff because they are "strangers"
 - Several participants surveyed said the HC had helped them eat healthier, use birth control, less alcohol/drugs, having healthier relationships, find a caring adult to trust, etc.
- Teachers won't allow students to go or "ask too many questions"
- Stigma – feeling ashamed, worried what peers think
- Paperwork/packet

Trust Issues for Students Accessing Counselors

Skepticism:

- “I don’t talk to adults. I talk to friends.”
- “I would go to the Health Center for health but not for counseling. I don’t really talk to anybody about my problems cause you never know how someone is going to react or use that information.”
- “It's messy for students and teachers – shit that I would tell them, they might tell my mom or the police.”

Positive experiences:

- “You have to try to get to know people [counselors] and give them a chance.”
- “As a black student, I can have a strong connection to my [black academic] counselor.”

Students' Reasons for Not Accessing BH Services

- Concern about confidentiality and mandated reporting
- Counselors are not “relatable”
- No counselors of color
- High turnover: “Most services provided by interns that only stay a year and leave. So once you get to know them, they’re gone so why would we go back?”
- Services not available unless in crisis or severe enough issue

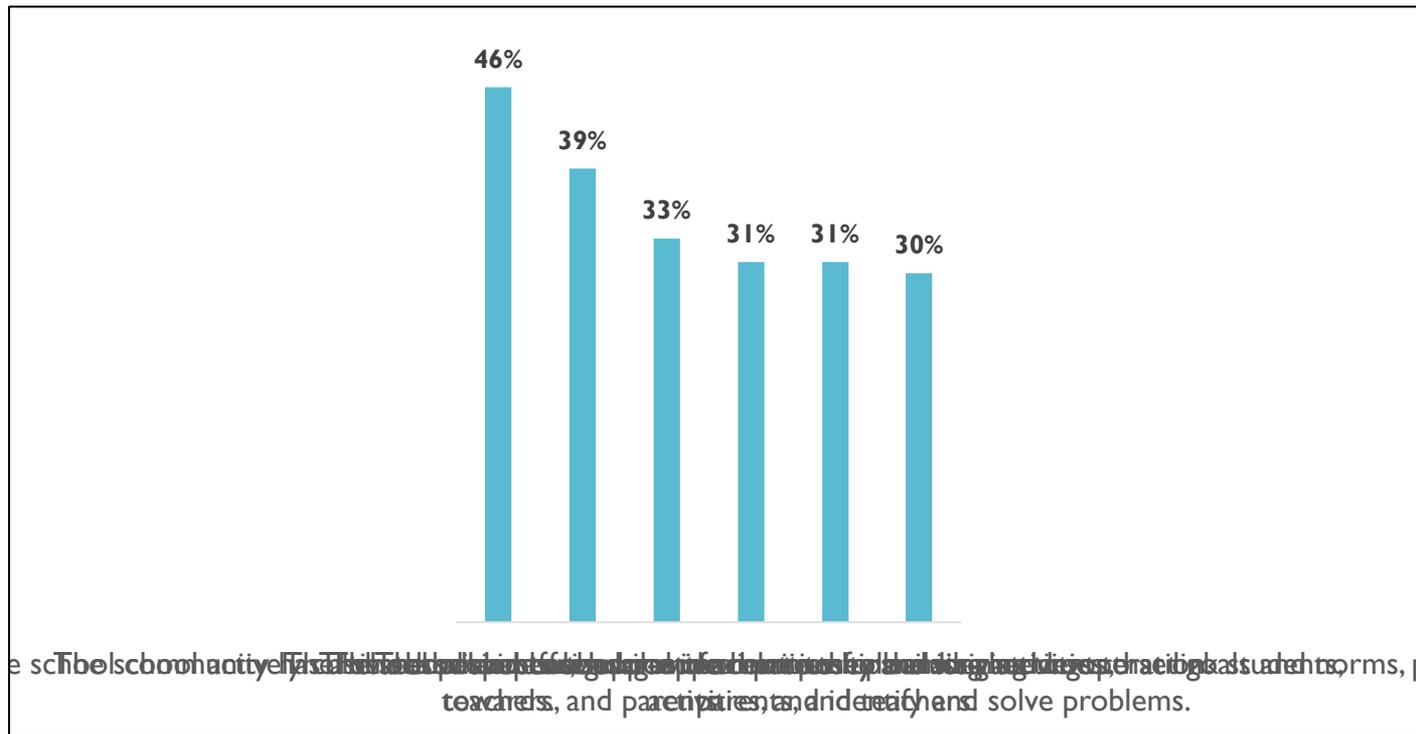
How can the school better support the behavioral health needs of students (particularly African American, Latino students) and influence the achievement gap?

Students on School Climate

- “Not welcoming at all”
- Teachers:
 - Not supportive, helpful: “So hard to be motivated to learn”
 - Need more diversity training
- School size:
 - “We are basically a number”
 - Small schools within BHS more welcoming?
- “Too many rules that don’t make sense, feels like jail”
- “I’m grateful for the opportunity to go to school, but not all the work”
- Want classes that teach more relatable information like African American studies, practical skills like resume building

School Staff on School Climate

- Does the school engage in any of the following strategies to help build a positive school community?



Parents on School Climate

- 76% agree that the school promotes a welcoming environment for students to learn.
- 75% agree that the school promotes and supports academic success.

Cultural Responsiveness of School

Negative:

- Some teachers don't call out racism like they should
- Teachers need to be more understanding about responsibilities and stressors outside of school

Positive:

- Example of teaching showing respect for Muslim students, not eating when they can't
- “Some teachers and counselors are really accepting and want to learn”
- In AMPS classes, most teachers respectful, culturally responsive

Parents' Perception of Cultural Respect

- 90% of parents surveyed agree that the school communicates the importance of respecting all cultural beliefs and practices.
- This item scored the highest of 6 items in scale!

How can these services be better coordinated and integrated throughout the school?

Coordination/Integration of BHS and Health Center Services

According to Key Stakeholders:

- There's a master list of students that OCI and HC share between each other to ensure the HC isn't providing duplicate services to OCI clients.
- The HC and Special Education team meet monthly to make student referrals.
- It was noted that there is no clear communication channels between the HC and the school.
- Student Intervention Team is supposed to act as COST but doesn't function that way.

Key Stakeholders:

Ideas for Improving Coordination/Integration:

- Develop and communicate an overall mental health service framework/plan so everyone knows how all the pieces fit and should work together.
- BHS and HC staff attend meetings together to develop more regular communication channels.
- Increase staffing so other job duties are not compromised by coordination activities.

Obstacles in Improving Coordination/Integration:

- Understaffing limits the ability of staff to focus on coordinating with others on campus.
- Unstable staffing (such as interns that change annually) hinders any progress made with coordination.
- HIPAA and FERPA laws limit communication between staff.

Support for School Staff on Addressing BH

	% Agree
Not having a place to send students in crisis affects the quality of my teaching.	49% (n=52)
I have a place to send students that are in crisis.	49% (n=51)
I have an effective place to refer students that are in emotional distress or need behavioral health support.	41% (n=44)
My school communicates to students that help is available for their behavioral health needs.	39% (n=42)
I am confident in my ability to help students address their behavioral health needs.	36% (n=38)
I receive support from my school (i.e. trainings, access to behavioral health professionals, administrative support) to address students' social-emotional needs.	15% (n=16)

Support for Students and Families

Parents' views on whether the school provides for all students regardless of race, ethnicity, nationality:

- 52% (n=35) agreed that the school supports students that are in crisis related to mental health and need immediate attention
- 56% (n=64) agreed that the school helps parents and families to support their students' health and well being

How can these services be financed more efficiently and effectively?

Key Stakeholders' Vision for Health & Wellness at BHS

- Increase funding and staffing to provide needed support services.
- Ideas included:
 - A wellness center that more broadly supports wellbeing (Health services, youth development, career exploration, etc)
 - Implement school-wide tier 1 and 2 services, including a social-emotional learning program
 - More case management services

Key Stakeholders' Ideas for Funding BH

- Pursue Prop 47 funds (RFP is coming soon).
- Designate a specific 504 coordinator to free up time for other support services.
- Find a way to more effectively obtain parents consent to reimburse from Medi-Cal.
- Follow the Kaiser model of addressing health needs in group formats.
- A crisis team on campus would enable staff to be more effective.

“We had 4 51-50’s on Friday. We’re at capacity. A crisis team on this campus would give us time to do the work we should be doing.”

Using a broad definition of “behavioral health” supports – what additional efforts could help to create a more positive environment for youth?

Students' Suggestions for Programs to Improve Students' BH

- To help with tiredness/boredom: Sleep/nap club, start school later, longer lunches
- To cope with school stress: “Kick-it” room to relax, game room, regular mindfulness/meditation groups and exercises, yoga, test anxiety group, places to listen to and play music
- To have more fun/be active: Afterschool fun programs (with time to do homework, fun activities, snacks), field trips to promote bonding, field days, time outside
- Services like peer and group counseling, individual counseling (but not located in Health Center), girls group, mentoring, animal therapy

Other Suggestions from Students to Make Students Healthier

- **Counselors:**
 - Open up about selves to be more relatable, trustworthy
 - Smile, give “good vibes”, good rapport with teens,
 - “See us for the individuals we are”, “Don’t nag or talk down to teens”
 - Hire non-white counselors
- **Student-Staff Relationships:** Foster trust, find common ground
- **Grading:** Reduce stress by not grading solely on testing
- **Wellness:**
 - Bring garden back – “Gardening can be therapeutic”
 - Home ed classes, cooking
 - Better lunches at cafeteria, more fruit

Suggestions for Supports to Help Students

School staff

1. Crisis services (72%)
2. Ongoing counseling (71%)
3. Group counseling or support group (67%)
4. Training for teachers/ staff to support students (54%)
5. Classroom presentations on topics like bullying (34%)

Parents

1. Ongoing counseling (93%)
2. Crisis services (90%)
3. Training for teachers/ staff to support students (90%)
4. Life skills classes on topics like social media, stress (83%)
5. Group counseling or support group (79%)

Student Suggestions to Make Health Center More Welcoming

- Diversity of staff!
- Staff who are “relatable”, able to “talk in our language”, friendly (especially front desk). More smiles, eye contact, “positive vibes”
- Let friends accompany in waiting room
- Shorter wait times, less paperwork
- Environment – more light, warmer

Stakeholders' Ideas for Improving Cultural Responsiveness

Berkeley High School

- Expand the college-going slant of the school to accommodate populations at the school that are undocumented, financially struggling, and considering other avenues.

Health Center

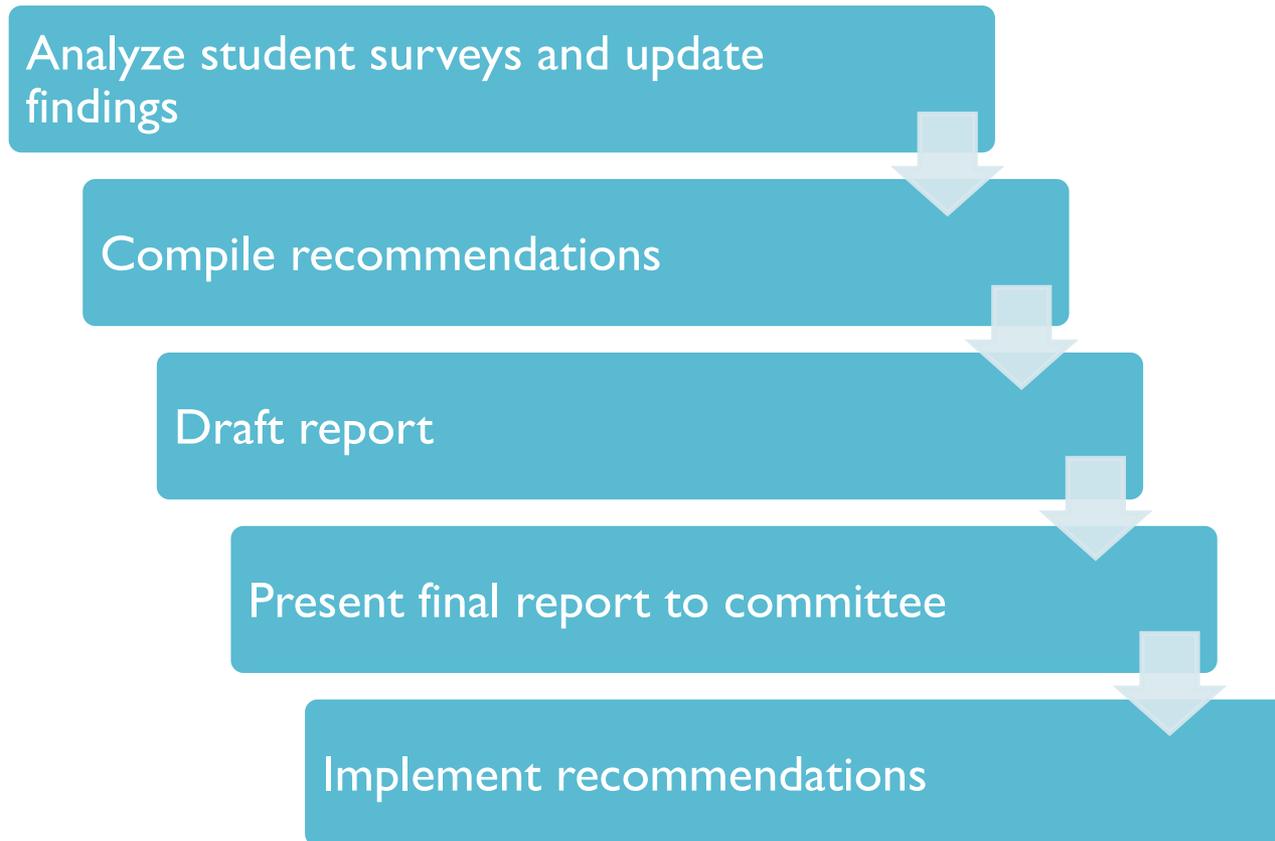
- Hire more staff in order for broader cultural and linguistic representation.
- Some recommended the following:
 - build rapport before paperwork is requested,
 - hire a more warm and friendly front-desk staff,
 - cultural sensitivity trainings for staff and
 - solicit student feedback (maybe a panel) for improvements.

Discussion

- Were any of the findings surprising?
- Which findings stand out as showing the greatest need for change?



Next Steps



Develop Recommendations

- Student health needs
- Gaps in BH services
- Accessibility of BH services for all students
- School climate
- Cultural responsiveness
- Coordination/integration of BH services
- District capacity/involvement
- Financing BH services
- Other areas?