Berkeley Integrated Resources Initiative

Universal Learning Support System Assessment Report

EXECUTIVE SUMMARY

Schools Mental Health Partnership

January 2007

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Universal Learning Support System
ASSESSMENT EXECUTIVE SUMMARY

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Universal Learning Support System
Executive Summary

This document summarizes a larger report written on behalf of the City of Berkeley's children and families. We have undertaken two goals: 1) comprehensively assessing the state of children and youth in Berkeley and 2) chronicling the state of services and the service system for children and families in Berkeley. To that end, we have drawn from a wide assortment of source materials, including archival data, other assessments, strategic plans, survey research, and key informant interviews. Our findings show that much more can be done to promote wellness, lessen inequities in school-based services, and improve resource integration through Berkeley. At the same time, significant work is underway to increase resources, improve equitable treatment of children and youth, and reform systems. This summary provides a background and baseline to guide future reform and create a truly integrated system of universal learning support services for Berkeley's children and youth.

Background

In June 2005 the Berkeley Alliance – a longstanding partnership between the Berkeley Unified School District, the City of Berkeley, the University of California-Berkeley, and the Berkeley community – formally committed to supporting the Berkeley Integrated Resources Initiative (BIRI). BIRI is a community-wide endeavor to integrate school and community resources, in policy and practice, with a common goal of promoting healthy child and youth development and breaking down barriers to learning.

"***The BIRI Vision calls for the Berkeley Unified School District, the City of Berkeley, the University of California-Berkeley, and local community organizations [to] work collectively and purposely to identify and weave their relevant resources to effectively address barriers to learning and promote healthy development for all Berkeley children and youth.***"

The BIRI Mission calls upon the partners to "address barriers to learning and promoting healthy development for Berkeley children and youth. [This] entails the strengthening of students, schools, families, and neighborhoods to foster a developmentally appropriate learning environment in which children and youth can thrive. The systemic change process emphasizes a coordinated school improvement and agency reform effort that leverages and weaves school-owned and community-owned resources in a comprehensive manner. In their work together, schools and agencies will create and provide a continuum of support for children and youth that emphasizes promoting healthy development for all, intervening early when problems arise, and providing specialized services to address critical needs."[1]

The first step taken by BIRI was to undertake a comprehensive mapping of resources and gaps in Berkeley. To accomplish this goal it was necessary to establish a conceptual framework for

[1] *The Berkeley Integrated Resources Initiative: Summary Description*

the assessment. BIRI sought a model that was comprehensive enough to address the wide range of issues facing children and families as they grow and develop. After some reflection, BIRI adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools. This framework is based on the premise that the "range of barriers to student learning is multifaceted and complex and the number of students affected is quite large…[and therefore] it is reasonable to stress that a comprehensive and systemic approach to intervention is necessary." This framework, therefore, "conceives the scope of activity as a school-community continuum of interconnected intervention systems consisting of: systems for *promotion* of healthy development and *prevention* of problems; systems for *intervening early* to address problems as soon after onset as is feasible; and ***systems*** for assisting those with *chronic and severe problems*." [2]

Drs. Adelman and Taylor categorize six Universal Learning Supports in an attempt to capture "the multifaceted work schools need to pursue in comprehensively addressing barriers to learning." The BIRI Steering Committee has added a seventh arena, cultural literacy, to emphasize the importance of supporting children and youth in culturally competent ways, given the diversity of the Berkeley community. The categories are:

1. ***Classroom-focused enabling*** – enhancing regular classroom strategies to enable learning (e.g., improving instruction for students with mild-moderate learning and behavioral problems and re-engaging those who have become disengaged from learning at school)
2. ***Support for transitions*** (e.g., assisting students and families as they negotiate school and grade changes, daily transitions)
3. ***Home involvement with school*** – strengthening families and home and school connections
4. ***Crisis response and prevention*** – responding to, and where feasible, preventing school and personal crises
5. ***Community involvement and support*** (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)
6. ***Student and family assistance*** – facilitating student and family access to effective services and special assistance as needed"[3]
7. ***Cultural literacy*** – the ability to tailor outreach, engagement, and intervention to the unique cultural and linguistic characteristics of students and families.

In August 2005 Berkeley Unified School District received an Integrating Mental Health in Schools grant from the U.S. Department of Education. This grant, organized around the Adelman and Taylor framework, called for a systemic reform process that would affect all of the public schools and students in Berkeley.

Having adopted this framework and support by the aforementioned federal grant, BIRI set out to evaluate the degree to which Berkeley has a Universal Learning Support System (ULSS) in place to support children, youth and families across the school/community continuum. There

[2] *Addressing Barriers to Learning*, Volume 11, Number 3, Summer 2006, pg. 3.
[3] Ibid.

had already been a number of assessments and strategic planning efforts in Berkeley to address specific issues related to mental health of children and families. However, using this ULSS framework made it clear to the cross-disciplinary team of planners that an effort was needed to bring past and current planning efforts together under this umbrella. Hence BIRI commissioned this effort to gather qualitative and quantitative data from many disparate sources into a coherent report. This assessment, conducted from October 2005 through June 2006, provides a comprehensive picture of the current state of Berkeley children and children services, and related recommendations for all of the BIRI partners.

Resource Assessment Process

The Berkeley Alliance coordinated the Resource Assessment of Universal Learning Supports from September 2005 through June 2006. The Alliance, as an intermediary, engaged 1) City of Berkeley Departments, particularly Health and Human Services' Divisions of Mental Health and Public Health; 2) Berkeley Unified School District, particularly the Student Services Department, Office of Integrated Resources, Special Education, and all of the 16 school site leaders; 3) University of California, Berkeley graduate schools and programs that provide community services and engagement; and 4) Community Based Organizations that provide services to the children, youth and families of Berkeley.

This broad Resource Assessment examined key indicators of well-being for Berkeley's children and youth and what resources were available to support learning and healthy development. The goal of this resource assessment was to identify current services and service gaps affecting children, youth and families in Berkeley and thereby to inform planning, development of priorities and strategies necessary to build an integrated system of school-based and school-linked learning supports[4] for students. The existing resources have been "mapped" to the schools of Berkeley whenever feasible.

Key BIRI partners took the lead and conducted a number of resource assessment processes, as follows:

District-focused Assessments

- During the fall of 2005, BUSD surveyed all of its school sites to identify all of the learning support programs and services that were currently in operation at each of the school sites according to the Center for Mental Health in Schools[5] framework of universal learning

[4] Learning Supports are a term of art in this document. They are all the services that are needed to support student achievement and youth development among the children and youth of Berkeley. They may broadly include mental health, health, academic support, family engagement, enrichment, and recreational supports for child and youth well-being. See above for a brief summary of the framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools.

[5] Drs. Adelman and Taylor have developed a comprehensive framework for Student Learning Supports.

supports (see above). Virtually all of the elementary and middle schools completed these surveys, thereby providing a baseline snapshot of existing services at that time.

- Throughout the 2005-06 school year, building from the survey (above), the BUSD Integrated Resources Office engaged all of the elementary and middle schools in a year-long planning process. Site-based Resource Teams conducted resource mapping, brought their maps to the district Universal Learning Support System (ULSS) team, then back to their entire school staff, and eventually identified the "major issues" confronting them in implementation of universal learning supports.

- On August 3, 2005, BUSD entered into a consent decree to settle a class action law suit related to alleged disparate treatment of African American and Latino students with respect to disciplinary actions and their placement in alternative programs without due process. As a part of this process BUSD has developed an Action Plan which, among other things, mandates the collection and analysis of disaggregated student performance data, especially data that relate to suspensions, expulsions, and referrals to alternative programs (e.g., B-Tech Continuation School).

- In May of 2006, the BUSD Integrated Resources Office conducted two formal and two informal focus groups with both African American and Latino parent groups (n = 80). These focus groups considered the type of learning supports needed by their children, and their concerns about the ability of BUSD and its partners to adequately support student success among their children.

Provider-focused Assessments

- In November/December 2005, the Berkeley Alliance collected service delivery data from the City of Berkeley and a wide array of academic departments and institutes/centers at UC Berkeley. These UC Berkeley data spoke to overall services for the broader community but did not differentiate services provided specifically in Berkeley or to Berkeley children, youth and families.

- In May/June 2006, the Berkeley Alliance commissioned a follow up survey to be conducted with UC Berkeley programs that specifically addressed services at Berkeley locations (e.g., schools) and to Berkeley children, youth and families. Of 73 surveys sent, 37 responses were received.

- During the 2005-06 school year, the BUSD Office of Integrated Resources surveyed many of the learning support service providers (both agencies and individuals) operating in the BUSD schools. These interviews focused retrospectively on the 2004-05 school year and resulted in a summary of findings document.

- The Berkeley Alliance commissioned a thorough analysis of school district archival data to determine needs, successes and trends among the schools and various demographic

groups of students throughout the district. These data were displayed in a consistent framework by school – thereby allowing for an annual update to track changes over time.

Key Findings

Student Outcomes and Disparities
The well-being and academic success of Berkeley's children and youth varies in relationship to race and class. The disparities between low-income students and their affluent peers is very wide – the difference between $37,000 and $136,000 in their median family incomes. Corresponding with income and ethnic disparities among Berkeley neighborhoods are disparities in health care access, enrichment and educational opportunities, and academic achievement. While the majority of children and youth in Berkeley are thriving and getting good educations, low-income children and youth of color are more likely to have poorer outcomes.

These most vulnerable populations of low-income children of color are often facing language barriers, lack of equitable exposure to enrichment opportunities, and greater exposure to stress and anti-social influences. They consequently demonstrate negative disparities on a variety of measures, including:

- Higher suspension and expulsion rates
- Higher rates of involuntary referral to alternative programs
- Higher rates of referral to special education
- Higher rates of drop out and attrition from middle and high school
- Lower Grade Point Averages
- Lower rates of graduation and completion of college entrance requirements
- Lower pass rates on the California High School Exit Examination
- Lower attendance rates
- Lower standardized test scores

Additionally, children and youth of color, especially African American children, are disproportionately represented in the mental health service system. Berkeley Mental Health's Family Youth and Children's Services serves 138% of the number of African American children that would be predicted to need mental health services. In contrast, only 47% of the Latino and 30% of the Asian/Pacific Islander children predicted to require services are receiving them. Stigma, language and cultural barriers, and distrust of governmental systems often interfere with access to services among Latino and Asian/PI students – making securing parent permission for services much more difficult.

Youth development and health data on an aggregated basis are available on a biennial basis from the California Healthy Kids Survey.[6] This statewide survey provides student self-report information on a wide variety of health and developmental measures. These school wide data reflect:

- High rates of alcohol, tobacco and other drugs among Berkeley children and youth
- Weapons are often present on school campuses
- Children feel unsafe at school
- Fights and bullying are prevalent on school campuses
- High student expectations from home and school staff
- Low sense of meaningful participation in school and home
- Slightly more than half of 5th grade and 35% of middle school students report a caring relationship with a school staff member

Lack of learning support services and coherent prevention systems also has negative impact on BUSD as an institution as follows:

- Loss of daily attendance revenue due to suspensions, absenteeism, dropout and attrition
- General fund encroachment due to high Special Education enrollment
- Lowered academic performance profile districtwide and for select subgroups (e.g., African American and socio-economically disadvantaged)
- School climate impacted by behavioral problems
- Potential loss of confidence among parents and corresponding loss of political support for schools

Lack of an effective safety net for at-risk children and youth also affects the quality of life and status of Berkeley as a city.[7]

- Safety and quality of life are impacted by disaffected young people with little economic or emotional stake in the future of the city
- Increased public safety costs
- Unemployment, homelessness and substance abuse among transitional age youth
- Health and mental health costs associated with high risk behavior and chronic mental illness

Fragmented School-Based Mental Health System

School mental health services are scattered throughout the BUSD schools, apparently as a result of prior relationships, past funding, current funding, and historical accident. The Berkeley school mental health "system" is driven by what has always been in place, not necessarily by what is needed. The assessments show that the continuum of mental health services within the

[6] Unfortunately, due to the use of a positive parent permission consent process by BUSD, there is a low response rate to this survey across the district. Response rates in Spring 2004 were as follows: fifth grade 34%; seventh grade 32%; ninth grade 57%; and eleventh grade 58%.

[7] *Mayor Tom Bates' Task Force on Health Services, Preliminary Action Plan*, Julie Sinai, April 2005; and *Making the Case*, The Berkeley Group, December 2005

schools varies widely in quantity and modality from site to site. There is no methodical structuring of services based on a master plan at this time.

The Berkeley Mental Health services model has been primarily that of an "outpatient clinic" approach where clients come to the clinic for regular appointments to receive individual and group psychotherapy and medication maintenance. Mobile crisis teams have been developed to respond to emergency situations, but, by and large the clinic and school-based services are office based and oriented to the 50-minute hour. Most services are traditional outpatient individual and group counseling, with some limited case management/crisis intervention. At the same time, the schools are requesting case management, parent support and teacher consultation services; and parents' primary concerns are safety, bullying, school climate, and lack of cultural competence and outreach. Focus groups with African American and Latino parents/caregivers indicated that: schools do not adequately address bullying and disruptive behavior; communication with families often lacks cultural sensitivity and language capacity; and punitive measures (especially suspension) are used too frequently.

In addition, mental health services were often marginalized in schools because they compete with classroom time, lack case management capacity, and lack mutual clarity about responsibilities and expectations. Providers ranged from individual therapists working at single sites to large, multi-county agencies with services deployed at multiple sites. Formal service agreements between providers and sites were rare, funding was limited, and services often relied on interns who typically turnover annually. Both schools and mental health providers reported difficulty accessing services, interfacing with one another and coordinating services for students.

Effective collaboration and partnership in Berkeley has been undermined by a climate of suspicion toward public agencies and by competition among private agencies for scarce resources. Some providers lack confidence that things can change.

Continuum of Prevention to "High-End" Services

Most service systems for children, youth and families throughout the country are weighted toward "high end" services – that is, the most expensive and restrictive services utilize a disproportionate amount of public resources to serve very few children. Overall, too many Berkeley children and youth are being served, sometimes inappropriately, in "high end" and restrictive services such as Special Education.

Special Education is too often the "treatment of choice" for students who are experiencing learning, behavioral and emotional difficulties. The lack of adequate alternatives has led to over-utilization of expensive resources (e.g., special day classes and nonpublic schools) and to a large encroachment on the general fund budget of BUSD. Dependency on Special Education services to meet behavioral needs may also cause students of color to be over-identified as "learning disabled." This is due in part to limited or disorganized prevention and early intervention services – at the school, mental health, and community levels. There is no

districtwide primary prevention strategy (proven approach that creates positive school climate and culture). Many schools have adopted prevention models, but there is no consistency of terminology, expectations, or standards between schools or across age groups.

Until recently the only "universal" way to measure elementary school student needs has been the Assessment Wall process. The Assessment Wall has had a narrow focus on reading proficiency among elementary school students. In this way teachers and schools can identify and help struggling readers. In this way, teachers can see at a glance how students are progressing in their school. Recently, however, some schools have begun to use a "snapshot" process to evaluate the broader needs of children. This brief screening process is done in a class-by-class discussion of both academic and developmental needs of individual students. The snapshot team is comprised of teacher, learning support staff, and principal. This process results in an individualized learning plan and follow up protocol for all students that are in need of learning supports.

Data Collection and Accountability

Having reliable data in a timely manner is a keystone for institutional accountability and for measuring progress being made as institutions and at the child, youth and family level. This type of information is essential to inform planful resource allocation, and, in many instances, to draw down state and federal entitlement resources. Data collection in the Berkeley system of services is still rudimentary and there is no organized system of accountability for tracking and measuring outcomes.

The Berkeley Unified School District has the most reliable and comprehensive data, supported by two student information systems that maintain basic demographic, academic, and disciplinary data. The reliability of student level data is dependent on the diligence of administrative staff at both the school and district levels. No routine method is used to measure school climate. In addition, limited data have been collected from Berkeley High School which has not been directly engaged in the SMHP planning process. While BHS has a wide array of services and supports, including the School Health Center, only limited engagement with the broader community planning process has been forthcoming to date.

Mental health service data is not being consistently collected by school-based and school-linked providers. Most providers cannot provide basic information about their services, units of service, unduplicated counts of children served because service data are not collected or shared across systems and providers. As a result there is limited evidence that current treatment and intervention services are having a positive impact.

Similarly, the City of Berkeley does not have an integrated data system that allows it to measure service provided across different units – e.g., Public Health Nursing, Mental Health, Housing, Park and Recreation – or among the many contracted providers of service in Berkeley. Many public services have mandatory data reporting requirements that do not integrate with each other. To the best of our knowledge, UCB has not attempted to gather uniform information on

the many services provide by faculty and students to the local community. Some individual service programs (CalCorps Public Service Center, Stiles Hall, etc.) are likely to collect data on their services based on funding requirements, but there is no integrated data system between programs.

Promising Developments

A number of very promising efforts are underway in Berkeley, under the general leadership of the Berkeley Integrated Resource Initiative and forward-thinking policy makers. Berkeley has begun to reframe the conversation to talk about "universal learning support systems" (ULSS) rather than mental health services. This is much more than changing terminology. It is about rethinking the system of services to create a coherent strategy that focuses on results for children and youth. The Schools Mental Health Partnership has the potential to fundamentally shift the overall concentration of effort and resources away from high-cost treatment and intervention programs to cost-effective and accountable services that help the schools to serve children in the mainstream and to avoid excessive use of formal disciplinary actions. During the past year progress has already begun, as follows:

Berkeley Unified School District has strengthened the Student Services Department and also created the Office of Integrated Resources to lead the ULSS reform process. Changes include: instituting School Attendance Review Teams at school sites to address attendance issues preventatively; developing a Special Education reform strategy to serve students with academic needs without Special Ed designation; training on cultural competence; changing district policies regarding involuntary transfer to B-Tech Continuation School and other alternative programs; and improved monitoring of data on student disciplinary actions. Individual BUSD schools have developed and/or sustained model programs such as the Longfellow Coordinated School Health Program, Rosa Parks Family Resource Center, and Berkeley High School Health Center.

The ***City of Berkeley Health & Human Services Department*** has developed a strategic plan that builds on the Mayor's Task Force on Health and includes the following outcomes:

- A community that supports healthy eating and physical exercise;
- A coordinated mental health service delivery system across the age span from prevention through treatment;
- Decreased use and abuse of alcohol, tobacco, and other drugs; and
- Improved health outcomes of residents living with chronic disease, including a focus on low-income African Americans

Berkeley Mental Health (BMH) has hired new, visionary leadership for the Family Youth and Children (FYC), charged with reforming the service delivery model to ensure that it is in alignment with best practices. FYC has developed a Strategic Plan to develop a real System of Care for children, youth and families in Berkeley and Albany. BMH is partnering with BUSD to draw down EPSDT funding to support moving special education students to less restrictive settings.

The University of California-Berkeley has convened a high level Work Group, under the leadership of the Center for Service Learning, to create a more systematic and coherent framework for delivery of the many services provided by UCB faculty and students to local communities.

Recommendations

Systemwide

- Create and adopt a Mental Health Services Plan for the City and BUSD children, youth and families. Services should follow best practices for school social work, including: case management, family engagement, home visitation, support for classroom, and school-wide behavioral systems, teacher consultation, triage, and assessment. Measure outcomes at the student, family, and school levels.

- Create formal memoranda of understanding between the City and BUSD to govern the services delivered on school campuses or linked to schools. These MOUs should define referral, data management, space allocation, service modalities, and integration of mental health services into the Universal Learning Support Services framework.

- Implement a web-based case management tracking system and ensure that it will be used by all school-based or school-linked service providers and that it will be linked to the SST, MDT, SART, SARB, and achievement/discipline data from BUSD.

- Develop an early intervention strategy that is used universally in the BUSD schools and is promulgated to all of the partners and to the community at large. This strategy should be aligned with the BUSD prevention model and supported by BMH and other agency partners.

- The Berkeley Alliance as a partnership should implement a few, highly visible, productive changes that improve collaboration and services to children and families. Tangible successes may begin to build confidence that systemic improvements are underway and can affect the well-being of children and families.

City of Berkeley

- Retrain Berkeley Mental Health staff and reframe services to better meet the needs of children, youth, transition age youth, and families – using best practice models such as multi-systemic therapy, wraparound service approaches, school social work, and much more aggressive case management approaches, both in schools and on the streets. Ensure cultural literacy and understanding of class, race, cultural and language barriers.

- Implement strategies to better integrate services that are provided to children, youth and families in Berkeley – especially, public health nursing and mental health services.

- Improve data collection and outcome evaluation of mental health services.

Berkeley Unified School District

- Adopt a proven prevention program districtwide and enforce consistent expectations for children across all schools. Train administrators and staff to use the program consistently and measure its impact on school climate and student safety.

- Create a consistent menu of learning support services that is offered at all schools in proportion to the needs of children, youth and families.

- Augment the Assessment Wall with student snapshot approach to routinely evaluate all student needs. Refer students to appropriate, accessible services with case management.

- Establish common framework, permission forms, and procedures for multi-disciplinary work across the district, and provide adequate staffing for case management, parent outreach, and follow through.

- Use Student Attendance Review Teams (SART) more effectively to address attendance issues early. Follow up with assertive family outreach that is supportive, culturally literate, and effective at engaging families in supporting regular school attendance.[8]

- Strengthen linkages and documentation between SART, SST and other school-based assessment and student planning processes.

- Develop better systems for communicating with parents – especially parents of color.

- Develop learning centers in all BUSD schools to support struggling students to be successful. Do not require Special Education designation to make use of these resources. Staff these learning centers adequately and ensure they are connected to school-based and school-linked services of all kinds – especially the multi-disciplinary team and case management systems.

- BUSD should work with its community partners to implement the consent decree action plan and to support schools to be more successful with children and youth who are exhibiting challenging behaviors. Alternatives to suspension, expulsion and involuntary transfer should be further developed and focused on ethnic and class disparities.

[8] For example, Motivational Enhancement Therapy which is considered a best practice model for families of disaffected youth. This often includes family home visiting and other community-based strategies.

- A concerted effort should be made to engage the Berkeley High School in the Schools Mental Health Partnership.

Conclusion

It is clear that the well-being of children, youth and families is a political and community focus in Berkeley. The public system of supportive services for children and youth is being intensively examined and reform is underway. There is a desire to change the system in such a way that it becomes more accountable for results. This summary and the longer report have been constructed to provide a snapshot of citywide resources and a baseline for measuring change. In this way policy makers and practitioners can determine whether reforms are having the desired effect on children, youth and families in Berkeley, and make mid-course adjustments as needed. Ultimately, we hope this assessment will become a key tool in building a system of universal learning supports that will benefit all children, youth, and families in Berkeley.