



# An Integral Part of the Educational Team

Los Angeles Unified School District  
School Mental Health  
Student Health and Human Services  
Strategic Plan, 2015-2018

January 16, 2015





# School Mental Health: An Integral Part of the Educational Team

LAUSD School Mental Health | Strategic Plan 2015-2018

## Table of Contents

- EXECUTIVE SUMMARY .....2**
  - The need for School Mental Health Services in LAUSD .....2
  - Investing in SMH: A strategic imperative for the District .....3
  - About School Mental Health .....4
  - SMH’s four distinct service areas .....4
  - SMH’s goals for growth .....7
  - The right time for strategic planning: Aligning with SHHS and the District to impact education and health care reform initiatives locally, countywide, state and federally .....7
  - SMH’s Theory of Change: How SMH services support the District’s vision .....7
  - SMH’s strategic goals and objectives .....9
  
- SMH SERVICES: STRIVING TO MEET GROWING MENTAL HEALTH NEEDS WITHIN LAUSD .....10**
  - What services does SMH include? .....10
  - Why School Mental Health? .....10
  - Founding and early years of LAUSD SMH.....13
  - Growth within the District and as a national leader in school mental health .....13
  - The present: Aligned with SHHS and the District to support student wellness .....14
  - SMH’s four distinct services areas.....15
  - Other SMH programs and positions.....18
  
- INTRODUCTION TO KEY CONCEPTS IN SCHOOL MENTAL HEALTH.....21**
  - Current landscape of SMH theory and best practices in LAUSD and beyond .....21
  - A trauma-informed approach .....21
  - Evidence-Based Practices.....22
  - SCHOOL MENTAL HEALTH’S THEORY OF CHANGE .....24
  - SCHOOL MENTAL HEALTH’S THEORY OF CHANGE (GRAPHIC) .....25
  - Theory of Change assumptions.....26
  
- STRATEGIC GOALS AND OBJECTIVES 2015-2018 .....29**
  - Six strategic goals.....29
  - Definitions: Goals, objectives, and implementation strategies .....29
  - How will SMH implement these ambitious goals? .....29
  - Goals and objectives .....30
  - APPENDIX .....36
  - Strategic Plan development process .....36
  - Acknowledgements .....37
  - Strategic Planning Workgroup Members: .....37
  - List of Focus Groups.....38
  - Focus Group Protocols .....39
  - Interview protocols .....41
  - List of Interviewees .....42
  - SMH Strategic Plan One Page Summary.....43

## EXECUTIVE SUMMARY

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*“LAUSD affirms the importance of teaching students to be both physically and mentally healthy by creating and maintaining a school environment that promotes academic achievement and helps promote a healthy community. LAUSD recognizes the connection between academic achievement and student wellness.” (LAUSD Blueprint for Wellness p. 23)*

*“A student’s social emotional character and overall school climate can powerfully affect whether students learn and thrive in schools and their communities.” (LAUSD Blueprint for Wellness p. 5)*

### The Need for School Mental Health Services in LAUSD

Shocking statistics tell the local and national story of the need for mental health services for students, families and school communities. Both within LAUSD and across the nation, an overwhelming number of students come to school every day with a myriad of adversities and mental health<sup>1</sup> problems that compromise their ability to learn and achieve academically. Research suggests that schools function as the de facto mental health system for children and adolescents<sup>2</sup>. Nationally, only 50% of youth in need receive any mental health services<sup>3</sup>. In California, three out of four children with mental health needs do not receive treatment despite having health care coverage<sup>4</sup>. Of those receiving care, up to 80% receive it in a school setting<sup>5</sup>. More than 25% of American youth experience a serious traumatic event by their 16th birthday, and many children suffer multiple and repeated traumas including: abuse, maltreatment and neglect; traumatic loss; serious accidental injury; experiencing or witnessing violence in neighborhoods, schools and homes; treatment for life-threatening illness (medical trauma); accidents and fires; disasters and terrorism. Twenty-one percent of youth aged 13-18 have a mental illness that causes significant impairment in their daily life<sup>6</sup>, 50% of all mental illnesses begin by age 14, and 75% by age 24.<sup>7</sup> In a 2013-2014 screening of 572 LAUSD students, 88% reported experiencing three or more traumatic events in their lifetime, 55% of whom showed symptoms of PTSD, depression, or anxiety.

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<sup>1</sup> Throughout this plan, we use the following definition of mental health: Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology. (Center for Disease Control and Prevention)

<sup>2</sup> Burns, BJ, EJ Costello, A. Angold, and D. Tweed. “Children’s Mental Health Service Use Across Service Sectors.” *Health Affairs* 14.3 (1995): 149-59.

<sup>3</sup> National Alliance on Mental Illness. “RAISING Mental Health Awareness: The facts.” Retrieved from <http://www.nami.org/Content/ContentGroups/CAAC/FactSheetsforYouth.pdf>

<sup>4</sup> Padilla-Frausto, Imelda, David Grant, May Aydin, and Sergio Aguilar-Gaxiola. Three Out of Four Children with Mental Health Needs in California Do Not Receive Treatment Despite Having Health Care Coverage. UCLA Center for Health Policy Research. July 2014

<sup>5</sup> Burns et al.

<sup>6</sup> Merikangas KR, Avenevoli S, Costello EJ, Koretz D, Kessler RC. The National Comorbidity Survey Adolescent Supplement (NCS-A): I. Background and Measures. *Journal of the American Academy of Child and Adolescent Psychiatry* 2009;48(4):367-369. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736858/>

<sup>7</sup> Mental Health Exacts Heavy Toll, Beginning in Youth (2005 June 6). The National Institutes of Mental Health. Retrieved from <http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>

The above statistics are startling for many reasons. Within the context of the nation's second largest school district, perhaps the most compelling of those is that mental wellbeing is an essential component of success in the classroom, and, if students are experiencing adversity and mental health issues without access to appropriate support and services, they won't be able to learn, achieve, and graduate from high school ready for college and/or a career. In addition, the staff and administrators who are dedicated to support LAUSD students in their success need the support of qualified professionals to address needs ranging from students who become disengaged from learning because of trouble at home, to students with special needs who are experiencing emotional and behavioral disturbances, to violent and traumatic incidents in the community or on the campus.

## **Investing in SMH: A strategic imperative for the District**

**For more than 80 years, LAUSD has been a national leader in the investment of mental health services in schools; in order to achieve District goals, it is a strategic imperative, now more than ever, to continue to be leaders in prevention, screening, and treatment.**

LAUSD School Mental Health (SMH) has a base of over 300 dedicated and experienced psychiatric social workers (PSWs). As members of the same large, complex organization, PSWs are internal partners who bring a deep understanding of context, procedures and resources within school communities and administration. Being integrated into the school and district community facilitates access to the staff, students and families whom they support. As members of an integrated educational team, SMH professionals understand the link between student mental health and academic achievement. In addition, SMH is uniquely positioned to prevent and respond to crisis which complements the efforts of school leadership to maintain and improve school climate.

The pages to follow are designed to be both informational and a call to action for continued and increased investment in SMH as an integral part of the educational team. SMH professionals are essential in creating safe and supportive school environments through the effective and proactive screening, treatment and prevention of mental health issues among members of school communities. SMH professionals increase the understanding of the connection between mental health issues and academic success and enhance awareness about the significant impact trauma can have on a child's ability to learn.

In this strategic plan, SMH lays out strategic goals and objectives for growth and development for 2015-2018. The plan is inspired by both the need and the vision of LAUSD which is committed to a comprehensive approach to supporting students' success, including the provision of comprehensive mental health prevention, screening and treatment services. This plan is aligned with and supports the strategic plans of both the District and Student Health and Human Services (SHHS). It is aligned with District initiatives such as the Local Control and Accountability Plan (LCAP), LAUSD Blueprint for Wellness policy, the CORE Waiver, and District partners including UTLA, AALA, Inner City Struggle, Community Coalition, and The L.A. Trust for Children's Health. This plan upholds LAUSD's position as a national leader in the field of school mental health.

## About School Mental Health

Over 300 SMH professionals support resiliency—the ability to bounce back from challenges with a stronger sense of self-confidence and coping capacity—and positive student connections with peers, family, school, and community by promoting healthy relationships, self-reflection and problem-solving skills to optimize school success. They facilitate the ability to successfully manage traumatic experiences, crises, and mental health issues.

SMH works with all members of the educational team (e.g. principals, teachers, and related service providers) and school community (e.g. parents or other caregivers, community groups) to improve student mental health and wellbeing, student engagement, family engagement, and school climate by implementing targeted prevention and interventions, services, and mental health consultation. SMH is a national leader in the development and implementation of two key strategies which create safe and supportive school environments: utilizing a trauma-informed approach and implementing evidence-based clinical practices.

## SMH's four distinct service areas

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SMH delivers mental health services within LAUSD, the primary four of which are described in greater detail in the plan below.

### **School-Based Social Work**

PSW services may be funded by individual schools to provide a range of preventive, early intervention, and acute mental health assessments and treatments in group, individual, or family modalities. PSWs support a school-wide foundation of positive discipline, safe climate, academic success, and mental and emotional wellness by helping develop and sustain a caring school environment that promotes problem-solving skills and positive behavior support. School climate is one of the eight priorities required by the state of California to be addressed by district LCAPs, thus further increasing the value of PSW services.

### **Wellness Networks and Clinics: Integrated Care**

Clinic outpatient mental health services for LAUSD students are provided through a partnership between the Los Angeles County Department of Mental Health (DMH) and LAUSD SMH. As DMH providers, SMH clinicians are committed to implementing the County of Los Angeles' vision to improve the quality of life in the county by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, businesses and communities. The program includes 7 Wellness Networks, 8 Clinics, and satellite clinics at school sites. Wellness Networks and Clinics provided 22,490 student and family encounters serving 1800 students.

### **Crisis Counseling and Intervention Services**

Crisis Counseling and Intervention Services (CCIS) is dedicated to restoring and maintaining a safe and healthy learning environment for students and staff after critical incidents on or near a school campus. CCIS staff build the capacity of district staff to implement prevention strategies and mitigate the risk of school and community crises. They provide crisis response and recovery services in collaboration with School Police, Local Districts (LD), and community resources. Specific services include on-campus crisis intervention, threat assessment, suicide prevention, and disaster response.

### **Special Education Counseling**

SMH renders Special Education services to identified students utilizing a tiered service approach. Level one includes Pupil Counseling (PUC) as a related service<sup>8</sup> designated by an Individualized Education Program (IEP) for a student whose behavioral and emotional needs affect his/her ability to benefit and progress from his/her educational program. Level two includes Educationally Related Intensive Counseling Services (ERICS) as a Related Service designated by an IEP for a student whose behavioral and emotional needs are more intense and are manifested in the school, home, and/or community settings.

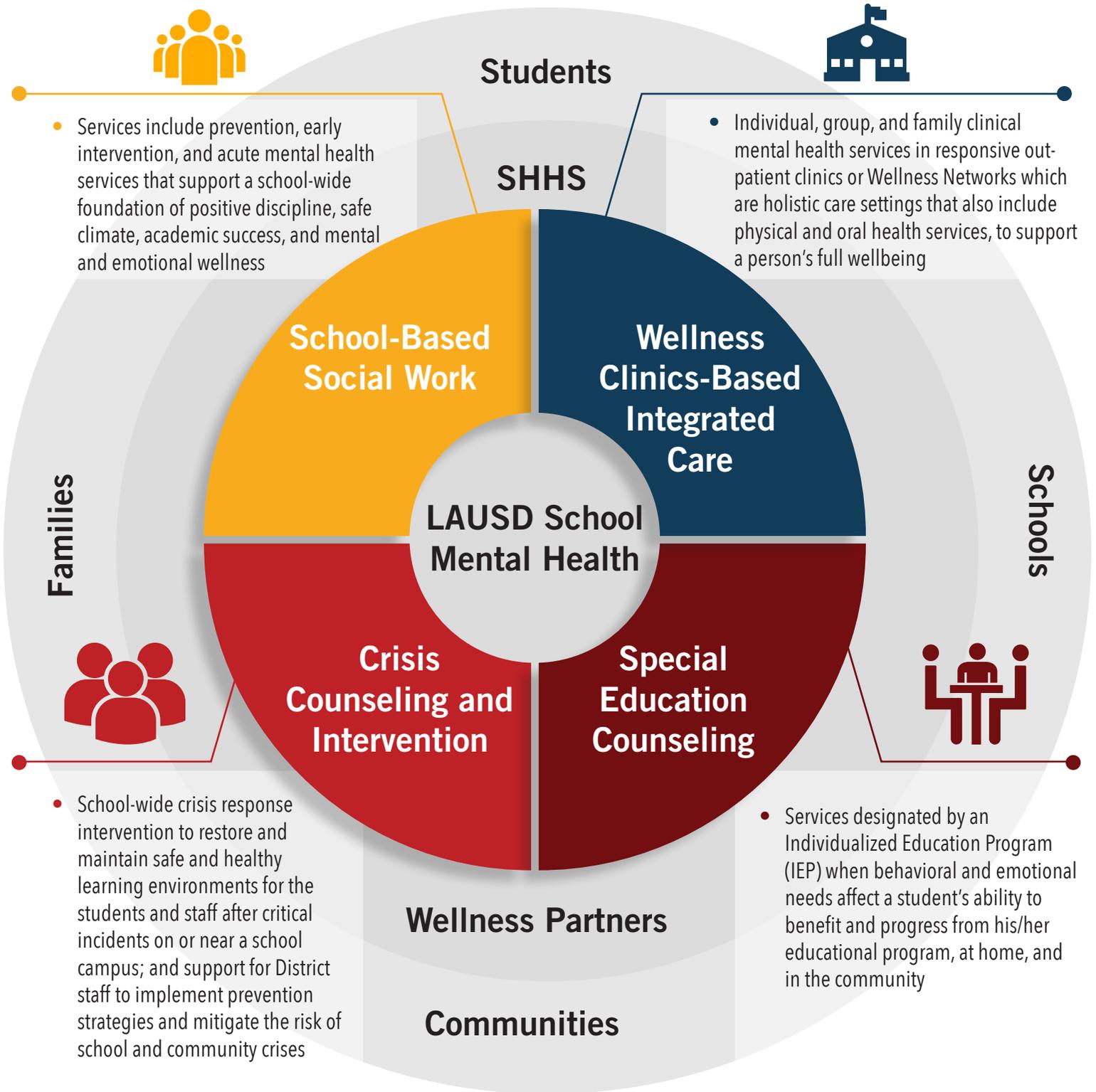
### **Other Services and Programs**

In addition to the four main programs, SMH includes several specialized programs that support mental health efforts in SHHS and District programs, including: Field Instruction Program, Pre-school Special Education Services, Foster Youth Achievement Program, Student Enrollment and Placement Assessment Center, and Alternative Education and Work Center.

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<sup>8</sup> Related Services are Individualized Education Program (IEP) mandated services that support and improve a student's ability to function within the school environment. LAUSD related services include: Adapted Physical Education, Assistive Technology, Audiology, Deaf and Hard of Hearing, Language and Speech, Occupational Therapy, Orientation and Mobility, Orthopedic Impairments, Recreation Therapy, Physical Therapy, Visually Impaired, Pupil Counseling (PUC), and Educationally Related Intensive Counseling Services (ERICS).

## SMH's four distinct service areas



## School Mental Health Goals for Growth

Between May 2014 and November 2014, SMH undertook a strategic planning process to articulate the unit's key priorities for 2015-2018. Through the planning process, SMH sought to answer the following compelling strategic question:

***How can School Mental Health best provide leadership and expertise within the district to advance student social-emotional wellbeing, learning, and achievement?***

Over the course of six months, over 90 SMH staff members were engaged through workgroup meetings and focus groups. The resulting plan is responsive to the input and feedback of managers, line staff, as well as key school stakeholders. It includes six goals that create a roadmap for enhancing the positive impact of SMH on students, families, and school communities.

### **The right time for strategic planning: Aligning with SHHS and the District to impact education and health care reform initiatives locally, countywide, statewide, and federally**

The development and implementation of the SMH strategic plan has been timed to support and align with the strategic plans of SHHS and the District. This will help SMH meet key goals and objectives that SHHS and the District have set for supporting achievement, health, and school climate in school communities.

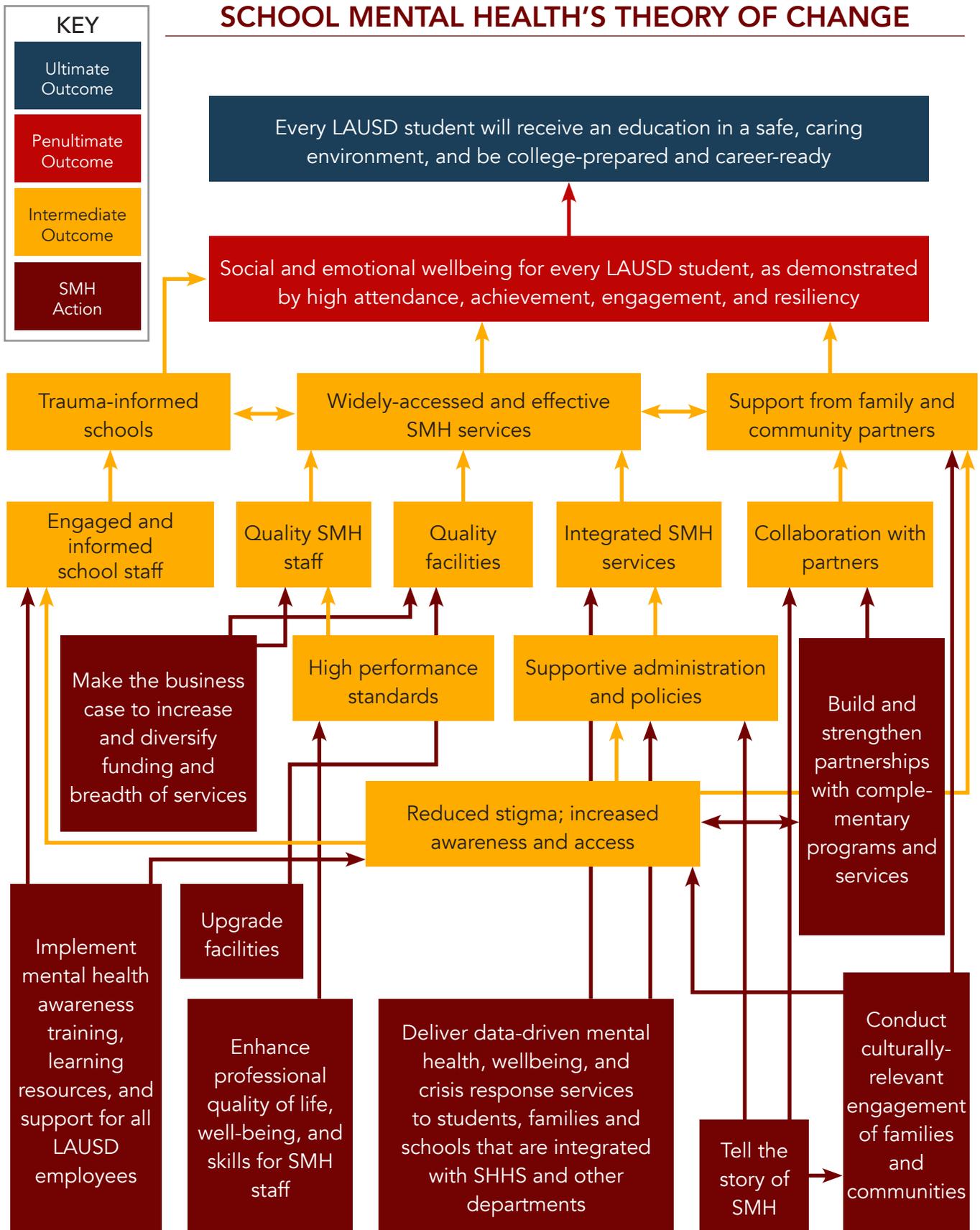
The SHHS plan lays out objectives to hone "an era of integrated impact" and, as such, the SMH plan is designed to help build collaboration, integration and intentional work with education partners in SHHS and beyond. At the same time, the plan supports the District's LCAP, by continuing to provide services to foster youth, low income youth, and English learner students and families at clinics and Wellness Centers, and through special education services, school-based services, and specially funded programs. The plan is also aligned with the CORE Waiver<sup>9</sup> and the District's Blueprint for Wellness Policy, which was revised in 2014 and states that "student social-emotional wellness is the critical building block of student overall well-being" (LAUSD Blueprint for Wellness, p. 23).

### **School Mental Health's Theory of Change: How SMH Services Support the District's Vision**

The strategic planning process included the development of a theory of change. A theory of change explains an organization's approach to social change and provides justification for why the organization believes that approach will be effective. Through the process of developing a theory of change, an organization articulates the ultimate outcome they seek to accomplish. A more detailed version of the theory of change is available in the full plan below (page 24).

<sup>9</sup> In August 2013, the U.S. Secretary of Education granted a waiver from the Program Improvement mandates of the No Child Left Behind Act to eight California school districts, including LAUSD. The eight districts are grouped together under a consortium called the California Office to Reform Education (CORE). An essential goal of the CORE School Quality Improvement System is to establish a holistic school performance system that values multiple measures of student success across academic, social, and culture-climate domains. The key principles of reform are: 1. College and Career Ready Expectations for all Students; 2. Differentiated Recognition, Accountability, and Support; 3. Supporting Effective Instructional Leadership.

# SCHOOL MENTAL HEALTH'S THEORY OF CHANGE



## An integral part of the educational team Strategic Plan 2015 – 2018

### Goals and objectives

**LAUSD, SHHS and SMH Vision:** Every LAUSD student will receive an education in a safe, caring environment, and every student will be college-prepared and career-ready  
**SMH Mission:** School Mental Health professionals promote the mental health, wellbeing, and academic achievement of all LAUSD students

### WHAT WE DO: ADDRESS BARRIERS TO LEARNING

Enhance the accessibility of high-quality, comprehensive, educationally-related mental health services in SMH's four main program areas to support wellbeing.

**Objective 1a:** Demonstrate the necessity for school-purchased mental health services to increase investment in prevention, early intervention, and acute mental health care that supports social-emotional wellbeing for all students.

**Objective 1b:** Train and support school site staff to proactively address students' mental health needs and promote trauma-informed, safe, and inclusive school climates.

**Objective 1c:** Enhance clinics' and wellness networks' accessibility, efficiency of operations, and availability of preventive services, early intervention, and intensive services.

**Objective 1d:** Increase access to safe and welcoming spaces for service delivery, including the development and implementation of an SMH facilities master plan. Build relationships with schools to improve room availability and quality for school-based counseling and special education counseling.

**Objective 1e:** Improve integration of comprehensive services across SMH programs, especially school-based social work, special education (SPED) counseling, and clinics.

### HOW WE THRIVE: INVESTMENT IN OUR UNITS' STAFF AND INFRASTRUCTURE

Improve supportive infrastructure, professional quality of life, morale and wellness for SMH staff

**Objective 2a:** Establish clear and consistent internal communications to increase awareness across programs and enhance dialog among SMH staff

**Objective 2b:** Inform staff of specific program objectives, goals, desired outcomes, and accountabilities.

**Objective 2c:** Develop responsive, solution-focused strategies for incorporating staff input about program improvements, structures, and resources

**Objective 2d:** Model and promote SMH staff professional quality of life and wellness by improving skill development, supervision, and collaboration

**Objective 2e:** Treat staff with respect, dignity, and integrity

**Objective 2f:** Improve efficiency of systems, technology, and documentation to improve service delivery, streamline operations, and better manage performance

**Objective 2g:** Recruit, hire, and retain competent staff

### HOW WE DO IT: MULTIDISCIPLINARY, COMPREHENSIVE, AND INTEGRATED

Continually align SMH strategies, service delivery, and communications with internal and external partners to integrate comprehensive care for students, families, and school communities

**Objective 3a:** Expand and leverage partnerships with complementary services and programs both within and outside of the District to increase the reach of SMH

**Objective 3b:** Cultivate expanded opportunities for integrated work across SMH and SHHS programs that target strategic, data-driven priorities

**Objective 3c:** Continue the development and expansion of an integrated model for wellness centers and networks, including appropriate data sharing with internal and external partners

### WHAT DIFFERENCE WE MAKE: ALL YOUTH HEALTHY AND ACHIEVING

Demonstrate how SMH services improve wellbeing, reduce barriers to learning, and align to District's initiatives

**Objective 4a:** Ensure data collection and analysis are aligned with SMH initiatives, SHHS Scorecard, Districts goals, LCAP and the CORE Waiver

**Objective 4b:** Use data and narrative to articulate and demonstrate how SMH impacts school climate, student's ability to access learning, and other key indicators

### HOW WE ARE FUNDED AND RESOURCED: INVESTMENT AND ALIGNED BUDGETING

Increase and diversify funding to SMH in order to expand and improve, and invest in mental health services and staff who provide essential support to students and their families

**Objective 5a:** Make the business case to increase and diversify funding of SMH services and programs

**Objective 5b:** Align SMH budgeting with SMH Strategic plan

**Objective 5c:** Increase commitment of the District, school sites, and community partners to invest long-term in integrated prevention, early intervention services, and intensive services

**Objective 5d:** Provide staff the technology, training, and support necessary to maximize sustainability across SMH programs

### HOW WE COMMUNICATE: UNIVERSALLY THROUGH MULTIPLE PATHWAYS

Improve awareness and understanding within school communities of social emotional wellbeing, the impact of adverse childhood experiences, and the benefits of mental health treatment

**Objective 6a:** Train all SMH staff to articulate how the continuum of SMH services can improve school climate, remove barriers to learning, engage families, and support teachers

**Objective 6b:** Provide mental health awareness training for LAUSD Staff

**Objective 6c:** Conduct culturally relevant outreach to families and communities to enhance protective factors, reduce stigma, and address barriers to accessing mental health services

**Objective 6d:** Publicly tell the story of SMH through increased branding, promotion, distribution of communications, and media coverage

# SCHOOL MENTAL HEALTH: STRIVING TO MEET GROWING MENTAL HEALTH NEEDS WITHIN LAUSD

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## Why is investing in School Mental Health a strategic imperative for the District?

For more than 80 years, LAUSD has been a national leader in the investment in mental health services in schools; in order to achieve District goals, it is a strategic imperative, now more than ever, to continue to be leaders in prevention, screening, and treatment.

LAUSD School Mental Health (SMH) has a base of over 300 dedicated and experienced psychiatric social workers (PSWs). As members of the same large, complex organization, PSWs are internal partners who bring a deep understanding of context, procedures, and resources within school communities and administration. Being integrated into the school and district community facilitates access to the staff, students, and families whom they support. As members of an integrated educational team, SMH professionals understand the link between student mental health and academic achievement. In addition, they are uniquely positioned to support school leadership in response to crises to maintain and improve school climate.

## What services does SMH include?

SMH delivers the following mental health services within LAUSD. All services may be provided at wellness centers, clinics, or school sites, including counseling provided as a related service for students with IEPs. The four main programs and services are (see page 14 for a detailed description):

- School-Based Social Work
- Wellness Centers and Clinics: Integrated Care
- Crisis Counseling and Intervention Services
- Special Education Counseling

In addition to the four main programs, SMH includes several specialized programs that support mental health efforts in SHHS and District programs, including: Pre-school Special Education Services, Foster Youth Achievement Program, Student Enrollment and Placement Center, and Alternative Education and Work Center.

## Why mental health services within the school community?

Schools are a natural environment in which child and adolescent mental health concerns can be identified and addressed. Therefore, families are more likely to utilize mental or physical health services when those services are located on the school campus. This facilitates ease of access and reduces the stigma associated with obtaining mental health services.<sup>10</sup> Additionally, the presence of SMH professionals and services are beneficial to the school as a whole, by contributing to positive academic, behavioral, and social-emotional outcomes as they relate to safety, relationships, teaching, and learning.

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<sup>10</sup> Burns, BJ, EJ Constello, A. Angold, and D. Tweed. "Children's Mental Health Service Use Across Service Sectors." *Health Affairs* 14.3 (1995): 149-59.

Childhood is a vital time for promoting positive mental health and supporting at-risk families in order to avert the early onset of some mental health disorders and help reduce the severity of others. To reduce the potential burden and lifelong difficulties of untreated mental health needs, it is critical that mental health problems in young children be identified and addressed early.<sup>11</sup>

Scientific research provides an understanding of how early adversity harms the developing brains and bodies of children.<sup>12</sup> When students are impacted by adverse childhood experiences<sup>13</sup>, toxic stress<sup>14</sup>, or trauma, their ability to fully concentrate and focus on the instructional program is negatively affected. By addressing students' trauma responses and helping them to develop positive coping, resilience, social-emotional skills, and healthy relationship-building skills, SMH professionals play a key role in supporting students to learn and achieve.

Investment in mental health services—including prevention, early intervention, and acute services—positively impacts measurable outcomes for students, such as improved attendance and GPA; increased rates of high school graduation and reading ability; decreased suspension and expulsion; and reduced involvement with the criminal justice system and out-of-home child welfare placements. Prevention, early detection, and intervention help preempt more severe mental health needs later in life.

In addition to supporting students and families directly, SMH professionals play a key role in training and supporting educators by helping to address students' mental health concerns, linking students to community resources, and fostering connections within the school environment for vulnerable students in need of extra support. They also support teachers by promoting self-care strategies and techniques to improve classroom dynamics and reduce teacher burnout.

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<sup>11</sup> UCLA Center for Health Policy Research, July 2014 Imelda Padilla-Frausto, David Grant, May Aydin, Sergio Aguilar-Gaxiola. Health Policy Brief.

<sup>12</sup> A hidden Crisis; findings on Adverse Childhood Experiences in California. Data report published by Center for Youth Wellness. Health begins with hope. October 2014. ([www.centerforyouthwellness.org](http://www.centerforyouthwellness.org))

<sup>13</sup> An adverse childhood experience (ACE) is a traumatic or stressful childhood experience. Examples include: physical, sexual, or emotional abuse; mental illness of a household member; substance misuse of a household member; divorce or separation of a parent; domestic violence in the home; or crime in the home. (SAMHSA)

<sup>14</sup> Toxic stress is extreme, frequent, or extended activation of the body's stress response (such as from adverse childhood experiences) without the buffering presence of a supportive adult. According to the Harvard University Center on the Developing Child, "This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years." ([http://developingchild.harvard.edu/key\\_concepts/toxic\\_stress\\_response/](http://developingchild.harvard.edu/key_concepts/toxic_stress_response/))

## How Stress Affects Social-Emotional Wellbeing

POSITIVE STRESS	TOLERABLE STRESS	TOXIC STRESS
<ul style="list-style-type: none"> <li>• Normal and essential part of healthy development</li> <li>• Brief increases in heart rate and blood pressure</li> <li>• Mild elevations in hormonal levels</li> <li>• <b>Example:</b> Tough test at school. Playoff game.</li> </ul>	<ul style="list-style-type: none"> <li>• Body's alert systems activated to a greater degree</li> <li>• Activation is time-limited and buffered by caring adult relationships</li> <li>• Brain and organs recover</li> <li>• <b>Example:</b> Death of a loved one, divorce, natural disaster</li> </ul>	<ul style="list-style-type: none"> <li>• Occurs with strong frequent or prolonged adversity</li> <li>• Disrupts brain architecture and other organ systems</li> <li>• Increases risk of stress-related disease and cognitive impairment</li> <li>• <b>Example:</b> Abuse, neglect, caregiver substance dependence or mental illness</li> <li>• Desensitizes to trauma</li> </ul>



## SMH Services Benefit...

**Students:**

- Improved attendance and GPA
- Increased rates of high school graduation
- Decreased suspension and expulsion
- Reduced involvement with the criminal justice system and out-of-home child welfare placements
- Enhanced support for at-risk students, including foster, probation, and new-immigrant youth
- Increased early detection of mental health issues, which increases early intervention and helps preempt more severe mental health needs later in life



**Staff and Administration:**

- Specialized training and support to address students' mental health concerns
- Strengthened self-care strategies and techniques to improve classroom dynamics and reduce teacher burnout



**School Climate:**

- Connections fostered within the school environment, especially for at-risk students
- Targeted violence prevention, problem-solving, and empathy skill-building curricula for school communities
- Increased trauma-sensitivity within school communities, helping students to feel physically, socially, emotionally and academically safe
- Safe and healthy learning environments restored and maintained after critical incidents on or near school campuses



**Families:**

- Increased social-emotional competence among parents/guardians
- Expanded support to address barriers to learning
- Enhanced family function and interaction between parent/guardian and child
- Increased parent/guardian-child connection when home schooling
- Increased parent/guardian engagement and awareness of mental health



## The Early Years of School Mental Health

LAUSD SMH was established in 1933 to promote the mental health, wellbeing and academic achievement of all LAUSD students and help remove social, emotional, and behavioral barriers to learning. In 1945, SMH services were expanded and organized into five child psychiatry clinics, which were staffed by child psychiatrists, clinical psychologists, and PSWs. Traditional assessment and psychotherapy services were provided as well as the first school-based crisis intervention services for students and staff affected by critical incidents, such as injury or deaths on school campuses.

## Growth within the District and as a National Leader

When the Los Angeles Unified School District's School Mental Health unit was established in 1933, it was established as a recognition by District leadership that emotional factors, behavioral disorders, and family adverse experiences disrupt a child's ability to learn. Child Psychiatrists, Psychiatric Social Workers, and School Nurses were hired from diverse language and cultural backgrounds to respond to a broad range mental health issues, serving in school clinics and special education programs. From 1970 through 1984, School Mental Health was incorporated into local schools and the Special Education Division including Deaf and Hard of Hearing, Visually Impaired, Behaviorally Disordered, Seriously Emotionally Disturbed, and Early Childhood Programs.

Expansion also occurred during the 1980s as SMH pioneered efforts to partner with community-based organizations to provide collaborative services on school campuses. In 1987, SMH established a suicide prevention unit, to address intervention and postvention services to support schools and provide them with protocols for responding to suicidal and self-injurious youth.

In 1993, SMH entered into a unique interagency contract, the first of its kind in the country, creating a blended funding agreement allowing SMH Clinics to become a LA County Department of Mental Health (LAC DMH) provider for Medi-Cal certified out-patient mental health services. The LAUSD contract with LAC DMH was for a total \$640,00 for the 1993 fiscal year, with 8 full-time equivalent (FTE) PSWs and psychiatric nurses serving students.

In 1994, 152 SMH professionals led the District in disaster recovery services for students, school staff, and parents after the Northridge earthquake. Over 125,000 students and 30,000 adults were provided preventive mental health services. The earthquake, as well as the 1992 civil unrest and fires, helped solidify the strong, ongoing relationship between SMH and the LAC DMH.

In 2014, the LAC DMH contract increased nearly tenfold, from \$640,000 to \$6.3 million dollars, with over 60 FTE PSWs, clinical psychologists, and child psychiatrists serving students and families. The contract provides reimbursement dollars from an array of federal and state dollars, including Prevention and Early Intervention funds from the Mental Health Services Act.

In addition to the growth of the LAC DMH contract throughout the 1990s and 2000s, SMH's reach within the District continued to grow in SMH's four program areas. SMH now employs over 300 professionals, many of whom serve as members of the District's crisis teams, which the unit has helped build for over 30 years. SMH staff also play a key role in LAUSD's Wellness Centers and Wellness Networks. In 2009, LAUSD invested \$28.6 million in Joint Use Funds for expansion of school-based

Wellness Centers throughout the District. LAUSD allocated funds to identified “hot spots” after conducting comprehensive data analysis of rates of sexually transmitted diseases, live births, childhood obesity, violence, free and reduced school lunches, Medi-Cal enrollment, and infrastructure gaps. The Wellness Centers are a joint venture between LAUSD (Nursing, Medical Services, School Mental Health, and others) with various Federally Qualified Health Centers (FQHC) partners. SMH services are considered an integral component of the Wellness Centers, which embrace a holistic model of wellness that understands physical, mental, and oral health as essential components of wellbeing and academic success.

## **The Present: Aligned with SHHS and the District to Support Student Wellness**

The development and implementation of the SMH strategic plan has been timed to support and align with the strategic plans of SHHS and the District, including the wellness model for student health, which is being operationalized through Wellness Centers and Wellness Networks.<sup>15</sup>

The vision of the LAUSD Wellness Networks takes into account the whole person in their environment. The term “wellness” is defined as being free from illness or injury, as well as in a positive state of physical and mental wellbeing. Wellness is the result of having access to holistic physical, oral, and mental health care, nutrition, social services, and lifestyle choices, which is gained through education, prevention, diagnosis, and care. The key to achieving wellness is prevention and early intervention at the appropriate stages of the life cycle. The goals are to focus on prevention services and linkage to community-based sources of care, leverage resources to support students and families, and have a shared understanding among stakeholders. Wellness Centers are targeted to provide services in coordination with existing community-based organizations and health and mental health services.

In partnership with SHHS, The L.A. Trust for Children’s Health, and other local partners, SMH plays an integral role in LAUSD’s existing Wellness Centers and Networks and the plans for the expansion of wellness services throughout the District.

The SHHS plan lays out objectives to hone “an era of integrated impact” and, as such, the SMH plan is designed to help build collaboration, integration, and intentional work with education partners in SHHS and beyond. At the same time, the plan supports the District’s LCAP, by continuing to provide services to foster youth, low income youth, and English learner students and families at clinics and Wellness Centers, and through special education services, school-based and specially funded programs.

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<sup>15</sup> A Wellness Center is a school-based clinic that provides comprehensive and integrated acute and preventive medical, mental, oral and social support care to students, their families, school personnel, and surrounding communities. A Wellness Network describes the partners working in the Wellness Center complex, including feeder schools and surrounding communities, collaborating and coordinating services in order to advance student and family health and wellbeing.

The plan is also aligned with the CORE Waiver<sup>16</sup> and the District’s Blueprint for Wellness Policy, which was revised in 2014 and states that “student social-emotional wellness is the critical building block of student overall well-being” (LAUSD Blueprint for Wellness, p. 23). In 2014, the Los Angeles Unified School District Board approved an additional fifty million dollars for the expansion of Wellness Networks. SMH is an integral member of the expansion of the Wellness Networks across the District, along with internal and external partners.

## School Mental Health Programs and Services

SMH professionals work as mental health providers, consultants, and trainers with students, families, and school communities to build both academic and social-emotional competence and skills, thereby supporting resilience and interpersonal connection. Collaboration with students and families is crucial when addressing the ever-changing needs of youth and school communities, and should be provided with a respectful and culturally-competent approach. SMH delivers this essential work through four primary programs: school-based social work, wellness centers and clinics, crisis counseling and intervention services, and special education counseling.

### School-Based Social Work

PSW services may be funded by individual schools to provide a range of preventive, early intervention, and acute mental health assessments and treatments in group, individual, or family modalities. PSWs support a school-wide foundation of positive discipline, safe climate, academic success, and mental and emotional wellness by helping develop and sustain a caring school environment that promotes problem-solving skills and positive behavior support. School climate is one of the eight priorities required by the state of California to be addressed by district LCAPs, thus further increasing the value of PSW services.

PSWs promote early intervention for students at-risk for severe academic or behavioral problems by providing services and supports that address risk factors and foster protective factors. For students experiencing mental health issues, PSWs provide intensive intervention including coordinated, comprehensive, culturally appropriate, and child and family-focused evidence-based interventions. Referrals for services are received from administrators, teachers, support staff, students, and their families. PSW services promote parent involvement in the educational process, provide consultation to teachers, provide direct mental health services in crisis and emergency situations, participate in school Coordination of Services Team (COST) and Student Success Team (SST) meetings, and identify and assist with appropriate referrals to community agencies.

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<sup>16</sup> In August 2013, the U.S. Secretary of Education granted a waiver from the Program Improvement mandates of the No Child Left Behind Act to eight California school districts, including LAUSD. The eight districts are grouped together under a consortium called the California Office to Reform Education (CORE). An essential goal of the CORE School Quality Improvement System is to establish a holistic school performance system that values multiple measures of student success across academic, social, and culture-climate domains. The key principles of reform are: 1. College and Career Ready Expectations for all Students; 2. Differentiated Recognition, Accountability, and Support; 3. Supporting Effective Instructional Leadership.

<sup>17</sup> A COST is a multidisciplinary team aimed at addressing the needs of students by reviewing referrals and data, providing recommendations, and monitoring those recommendations in order to most efficiently utilize available resources. An SST is a group including support staff, their parent(s), and teacher, who meet if/when a student’s learning, behavior, or emotional needs are not being met under existing circumstances. The SST explores possibilities and strategies that will best meet the educational needs of the student.

Schools can fund PSW services for one to five days a week. In the 2015-2016 academic year, 200 schools funded PSW assignments (over 120 FTE). Each PSW provides a range of mental health and social work services, developed in conjunction with the school-site administrator according to the needs of the school.

**Wellness Centers and Clinics: Integrated Care**

Clinic outpatient mental health services for LAUSD students are provided through a partnership between the Los Angeles County Department of Mental Health (DMH) and LAUSD SMH. As DMH providers, SMH clinicians are committed to implementing the County of Los Angeles’ vision to improve the quality of life in the county, by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses and communities. The program includes 7 Wellness Networks, 8 Clinics, and satellite clinics at school sites.

In April 1993, through a unique interagency contract, the first agreement of its kind in the country, School Mental Health Clinics became Medi-Cal Certified for child psychiatry outpatient services. Under the terms of this agreement, SMH serves as a contract provider for the DMH providing full-scope outpatient mental health services to students and families.

*Medication Support Services*

SMH has an established clinical training program with UCLA Child Psychiatry supervised by two Child Psychiatry staff who oversee the rotation of fellows to implement medication support. With the use of District general funds, LAUSD employs Child Psychiatrists to support medications services for students. In addition, SMH has a subcontract, funded via DMH revenues, with UCLA Regents for Child Psychiatrists and Fellow Rotation, supervised under the Child Psychiatry Department. Psychiatric consultation is also established for our staff with USC Child Psychiatry and UCLA Harbor Child Psychiatry.

In addition to psychiatric medication support services, the Wellness Centers are aligned with Federally Qualified Health Centers (FQHCs). FQHC’s the opportunity to better serve the medication and health needs of students by pediatricians and general practitioners (under FQHCs services) co-located at Wellness Centers.

**LAUSD Wellness Centers (as of February 2016)**

Local District Northwest	Local District South	Local District East	Local District Central	Local District West
<ul style="list-style-type: none"> <li>North Hills at Monroe High School</li> </ul>	<ul style="list-style-type: none"> <li>Carson High School</li> <li>Fremont High School</li> <li>Jordan High School</li> <li>Locke Early Education Center</li> </ul>	<ul style="list-style-type: none"> <li>Elizabeth Learning Center</li> <li>Gage Middle School</li> <li>Garfield High School</li> </ul>	<ul style="list-style-type: none"> <li>Belmont High School</li> <li>Jefferson High School</li> <li>Manual Arts High School</li> </ul>	<ul style="list-style-type: none"> <li>Crenshaw High School</li> <li>Hollywood High School</li> <li>Washington Prep Wellness Center</li> </ul>

## **Crisis Counseling and Intervention Services (CCIS)**

Crisis Counseling and Intervention Services (CCIS) is dedicated to restoring and maintaining a safe and healthy learning environment for the students and staff after critical incidents on or near a school campus. CCIS staff builds the capacity of District staff to implement prevention strategies and mitigate the risk of school and community crises. They provide crisis response and recovery services in collaboration with School Police, Educational Service Centers (ESC), and community resources, to implement District school safety and school climate policies. Specific services are detailed below.

### *School Site and District Crisis Teams*

CCIS established the current three-tier system of crisis intervention and response in LAUSD. In the first tier, the school site, "Under the direction of the principal or designee, every school shall establish a crisis team."<sup>18</sup>

In the second tier, CCIS collaborates with Local District (LD) Operations to train LD Crisis Teams. Each LD identifies approximately 35 team members from multidisciplinary assignments who volunteer to respond to and support school site crisis teams, as needed. Led by the LD Operations Coordinators, the ESC Crisis Team members, with technical assistance from CCIS staff, respond to critical incidents that overwhelm the resources of the school to promote recovery and resiliency.

In the third tier, central CCIS staff provide technical support, training, and response to school sites, LD's, and Headquarters, when deemed necessary to support crisis teams across the District.

### *Threat Assessment and Management Teams and Workplace Violence, Bullying and Threats*

In 1996, CCIS established the initial protocols of threat assessment and management. Based on the study of school shootings commissioned by the US Department of Education and the US Secret Service, Threat Assessment Teams (comprised of an administrator, a mental health professional, and School Police, with consultation from the legal department) became an integral part of the response to incidents of school violence and threats within LAUSD. CCIS conducts annual trainings for LD Threat Assessment Teams and school sites to guide educators through the threat assessment process when confronted by students and/or adults who pose a threat to the safety of other students and staff. In collaboration with the Office of General Counsel, CCIS also provides training, support, and consultation to LD Operations staff and school site administrators.

### *Suicide Prevention*

The LAUSD Suicide Prevention Program is comprised of prevention, intervention and postvention (procedures to follow in the aftermath of a suicide) components. The prevention component raises awareness among the district's students, parents and staff of risk factors and warning signs of youth suicide by providing training to district and school site crisis teams and health and human services personnel. The intervention component provides guidelines for district personnel when responding to referrals of self-injurious and suicidal students. Consultation through School Mental Health is also provided to any district staff in immediate need of guidance and support when responding to challenging student referrals. The postvention component provides the evidenced based strategies and procedures for school crisis teams to follow in the aftermath of a student, parent, or staff death by suicide.

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<sup>18</sup> LAUSD Policy BUL-5800.0

### *Disaster/Terrorism Response and Recovery*

In the event of a natural disaster or a man-made act of violence or terrorism, CCIS staff is a first responder and partners with District and community efforts to develop disaster response and recovery programs for students and staff.

### *LAUSD Trauma Services Adaptation Center for Resilience, Hope and Wellness in Schools*

LAUSD Trauma Services Adaptation Center for Resilience, Hope and Wellness in Schools is a partnership funded by Substance Abuse and Mental Health Services Administration (SAMHSA) with, RAND, USC, UCLA Health Services Research Center and the UCLA Child Anxiety Program. A member of the National Child Traumatic Stress Network (NCTSN), the mission of this Center is to improve the quality and effectiveness of trauma-informed crisis intervention services for children and school communities. The Center develops and disseminates effective evidence-based treatments for child trauma in multicultural settings, including Cognitive Behavioral Intervention for Trauma in Schools (CBITS), a skills-based group intervention designed for use in schools, that is aimed at relieving symptoms of post-traumatic stress disorder, depression, and general anxiety among children exposed to community violence and trauma.

### *LD Mental Health Consultants*

Mental health consultation is an indirect method of intervention that assists others, such as teachers and school administrators, to become more effective in dealing with psycho-emotional, behavioral, or emotional concerns of particular students. This generally includes providing consultation about discipline, attendance, mental health, crisis response, or other school-related issues. In addition, SMH has a small, centralized team of psychiatric social workers available to provide mental health consultation and education.

## **Special Education Counseling**

SMH renders Special Education services to identified students utilizing a tiered service approach.

- Level One: Pupil Counseling (PUC) as a related service<sup>19</sup> designated by an Individualized Education Program (IEP) for a student whose behavioral and emotional needs affect his/her ability to benefit and progress from his/her educational program.
- Level Two: Educationally Related Intensive Counseling Services (ERICs) as a Related Service designated by an IEP for a student whose behavioral and emotional needs are more intense and are manifested in the school, home, and/or community settings.

## **Other Services and Programs**

### **Field Instruction Program**

Each year, over 150 undergraduate and graduate social work students from CSU campuses (Dominguez Hills, Los Angeles, Long Beach, and Northridge), UCLA, and USC participate in the largest comprehensive school based clinical social work internship program in the state. This program offers learning opportunities for university students who provide counseling and other support to students in schools, clinics, and Wellness Centers throughout the District.

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<sup>19</sup> Related Services are Individualized Education Program (IEP) mandated services that support and improve a student's ability to function within the school environment. LAUSD related services include: Adapted Physical Education, Assistive Technology, Audiology, Deaf and Hard of Hearing, Language and Speech, Occupational Therapy, Orientation and Mobility, Orthopedic Impairments, Recreation Therapy, Physical Therapy, Visually Impaired, Pupil Counseling (PUC), and Educationally Related Intensive Counseling Services (ERICs).

## **Pre-School Special Education Services**

- Infant Program – Early intervention services for children birth to three years of age who have been identified with hearing loss, visual impairment, or severe orthopedic impairment. The infant services focus on supporting the overall development of the child and providing resources and education to family members and other caregivers. The services are delivered in the natural environment for the child and in the context of the family. Families and staff work together to develop an Individualized Family Service Plan (IFSP) that guides the service delivery for each child and family.
- Preschool Program – For children three to five years of age who have been identified with one of the Federal and State defined special education eligibilities. The programs are designed to promote a partnership between professionals and families to help meet the child’s individual needs and increase future school success. Children are served in the least restrictive environment in a wide variety of early childhood settings. Emphasis is placed on the development of language, social-emotional, motor, and pre-academic skills through activities and materials that are concrete and relevant to their lives. Families and staff work together to develop an Individualized Education Program (IEP) that guides the service delivery for each child.

## **Foster Youth Achievement Program**

Foster Youth Counselors provide case management and counseling services to students in the foster care system and their families. Under the auspices of Pupil Services and Attendance, PSWs work with a team of support staff to serve early education centers, elementary, middle, and high school students who are living in foster homes.

The Foster Youth Achievement Program is important because California’s new LCFF identifies foster youth as a targeted sub-group and requires accountability from local educational agencies for providing sufficient supports for foster youth. Research has shown that students in foster care share unique factors that justify their identification as a separate at-risk student subgroup. These findings serve as new evidence for local educational agencies to increase efforts to improve the academic success of students in foster care.

## **Alternative Education and Work Centers (AEWC)**

PSWs provide counseling and crisis intervention to students, as well as staff development and consultation to the staff in the Division of Adult and Career Education.

## **Student Enrollment and Placement Assessment (SEPA) Center**

PSWs provide counseling services for students whose families have either recently arrived to the United States or who are first-time enrollees to LAUSD. Services include consultation and intervention to families regarding issues such as separation/loss, grief, family conflict, parenting, and trauma. PSWs also provide resources and referrals to address additional family concerns.

# INTRODUCTION TO KEY CONCEPTS IN SCHOOL MENTAL HEALTH

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## Current Landscape of SMH Theory and Best Practices in LAUSD

For the last decade, SMH has engaged in mental health research through partnerships with universities and other institutions. Through this commitment and participation, SMH has become a national leader in two key research-based approaches to school mental health services: trauma-informed and evidenced-based practices. SMH places a high priority on research-based interventions and practices which have the skillset and training to promote social-emotional wellbeing that is needed for academic achievement.

## A Trauma-Informed Approach

### What is trauma-informed practice?

SMH utilizes a trauma-informed, multi-tiered approach to student support. By viewing a child's past experiences through a trauma lens, it is recognized that behaviors (e.g., disruptive behavior, difficulty engaging, or trouble learning) may be a student's attempt to communicate an emotional need or to cope with symptoms of trauma. By shifting away from a deficit approach, exemplified by the question, "What is wrong with you?" and asking instead, "What happened to you?" an opening to begin the process of support and recovery is created. This approach not only aids the healing process for individuals who have experienced trauma, but it also increases the likelihood of early detection and early intervention. Evidence shows that the healing process plays a key role in a student's ability to learn and achieve in school and in life.<sup>20</sup>

### Why a trauma-informed approach?

Over the last 20 years, studies have demonstrated an irrefutable link between exposure to community violence and other Adverse Childhood Experiences (ACEs) to a host of social, academic, and behavioral challenges including: decreased IQ and reading ability; lower grade-point average; higher school absenteeism; increased expulsions and suspensions; decreased rates of high school graduation; failing to understand directions; overreacting to comments from teachers and peers; misreading context; failing to connect cause and effect; and other forms of miscommunication. A single adverse experience can cause: jumpiness; intrusive thoughts; interrupted sleep and nightmares; anger and moodiness; social withdrawal; and concentration and memory difficulties.

Longitudinal studies of ACEs such as abuse, neglect, and extreme family instability have also pointed to an impact across the lifespan for those with multiple such ACEs. This impact includes greater risk for health, mental health, social difficulties, and a shorter life expectancy. Early intervention can have a significant, positive effect on these at-risk lifespan trajectories.

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<sup>20</sup><http://traumasensitiveschools.org/>

## **How does SMH help develop trauma-informed school communities?**

SMH supports all LAUSD school communities to be trauma-informed. A trauma-informed school is defined as one in which all adults on campus are able to help children and youth feel physically, socially, emotionally, and academically safe. Throughout the District, SMH professionals provide advocacy and education to school communities regarding what a trauma-informed approach is and how it can be utilized to promote safe and healthy schools, increase attendance, and decrease the necessity of student discipline and suspensions. SMH professionals work collaboratively with students, families, and school communities to ensure that student needs are viewed through a trauma-informed lens and are addressed in a holistic manner.

## **Evidence-Based Practices**

SMH strives to provide effective research-based mental health services and interventions by ensuring that every PSW is trained and implements evidenced-based practices (EBPs) appropriate to program and assignment. Some of the EBPs used by SMH include:

### *Managing and Adapting Practice (MAP)*

The MAP system is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving clinicians easy access to the most current scientific information and by providing user-friendly measurement tools and clinical protocols. Using an online database, the system can suggest formal evidence-based interventions relevant to a specific youth's characteristics. The MAP system also adds a unifying evaluation framework that tracks outcomes and practices on a graphical "Progress Practice Monitoring Tool." The program's primary aim is for professionals to develop proficiency in the selection, organization, and delivery of common practices used in EBPs. Because of its flexibility and near universality, MAP serves as the foundation of Wellness Center/Clinic mental health service delivery within SMH.

### *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*

CBITS is a skill-based group intervention that is aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and general anxiety among youth exposed to trauma. Children are provided psycho-education about common reactions to stress and trauma and are taught skills, including how to relax their bodies; how to challenge and replace upsetting thoughts; and how to think through and address problems in their lives. Children also work on processing traumatic memories and grief in both individual and group settings. The program consists of ten 1-hour group sessions (6-8 children) usually conducted once a week in a school or mental health clinic setting, 1-3 individual sessions, 2 parent sessions, and 1 teacher session to be offered concurrently.

### *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*

TF-CBT is the most studied and proven-effective method of treating childhood trauma, which addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences. Individual sessions for the child and for the parents or caregivers, as well as joint parent-child sessions, are part of the treatment.

### *Families Overcoming Under Stress (FOCUS)*

FOCUS was originally developed as a short-term intervention model designed to assist nuclear families in which one or both parents were/are on active military duty. Its focus is on resiliency training using the family's strengths and developing skills for better communication, handling stress, problem solving, goal setting, and managing trauma and loss reminders. Research show that parents display less anxiety, depression, and increased positive family adjustment; youth display reduced emotional stress, fewer conduct problems, improved peer relationships, and greater coping over time after receiving this EBP.

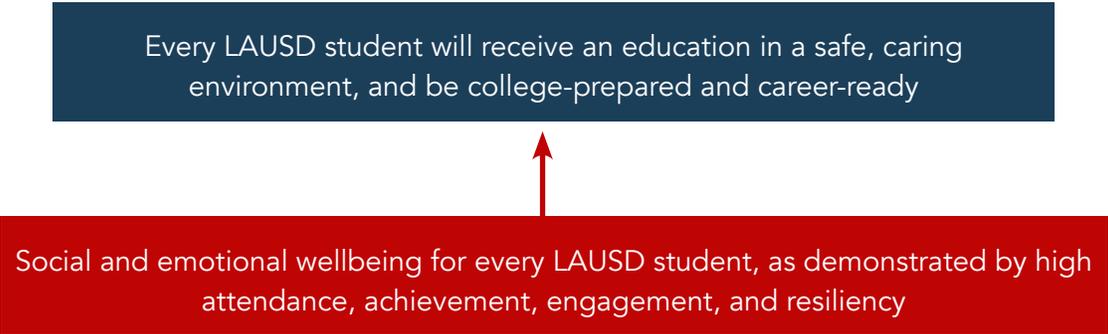
### *Seeking Safety*

Supports people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients. The model is flexible, it can be conducted in group or individual format. The key principles of Seeking Safety include safety, integrated treatment, a focus on ideals, four content areas, and attention to clinician processes. Seeking Safety has been successfully implemented for many years across vulnerable populations including the homeless, individuals within the criminal justice system, individuals who have experienced domestic violence, individuals who are severely mentally ill, veterans and military personnel, and others.

# SCHOOL MENTAL HEALTH'S THEORY OF CHANGE

A theory of change explains an organization's approach to social change and provides justification for why the organization believes that approach will be effective. Among the benefits of developing a theory of change are unity among staff and clarity of messaging.

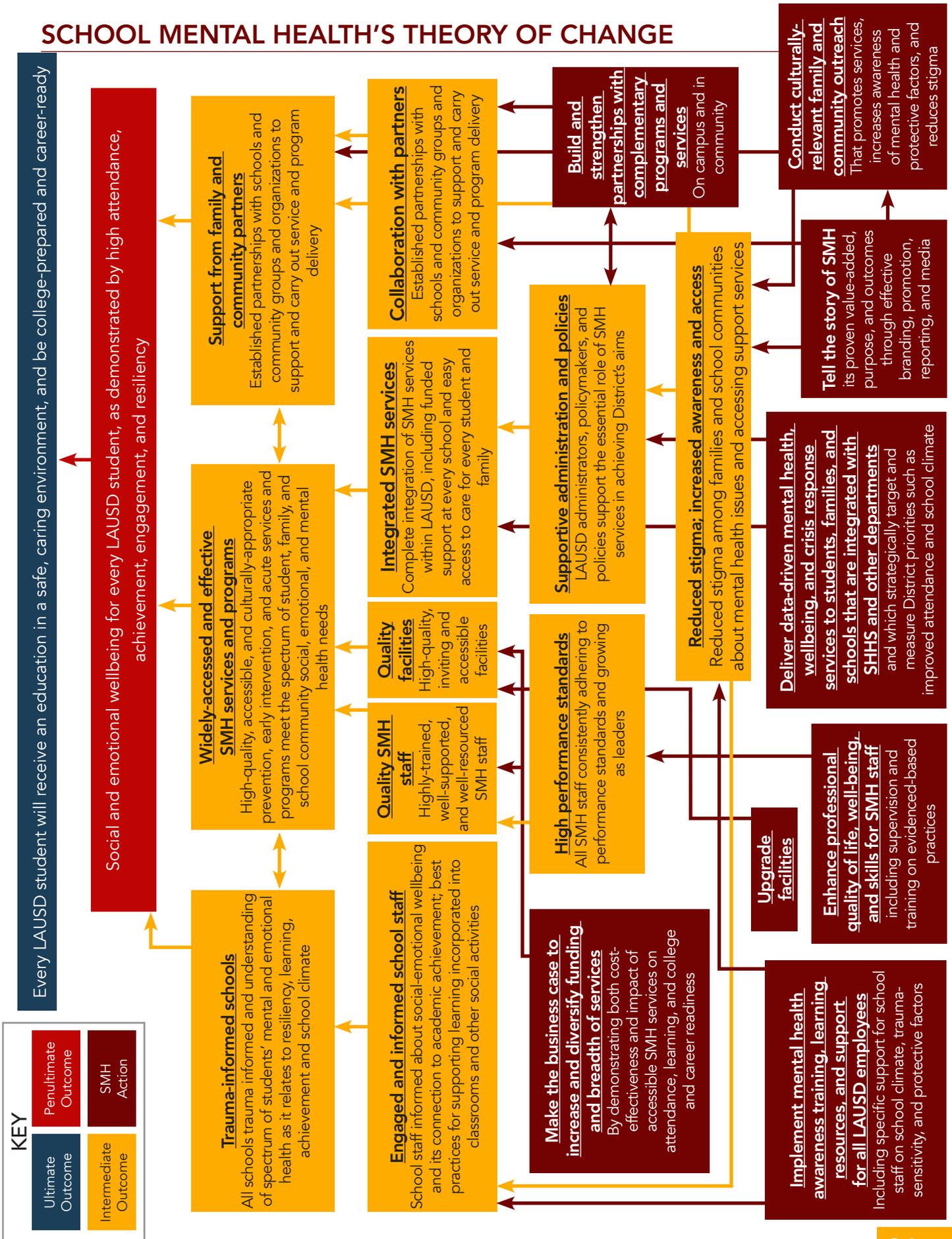
Through the process of developing a theory of change, an organization articulates the ultimate outcome they seek to accomplish. For School Mental Health (SMH), identifying the desired ultimate outcome of their work was an opportunity to connect their purpose with the aims of Student Health and Services (SHHS) and the District. As such, SMH's theory of change includes LAUSD's ultimate outcome located at the top of the diagram and SMH's ultimate outcome, labeled penultimate, directly below it.



Working backwards from SMH's outcome, "Social and emotional wellbeing for every LAUSD student, as demonstrated by high attendance, achievement, engagement, and resiliency," the theory of change identifies the intermediate outcomes and actions in a graphic roadmap of the "complex web of activity that is required to bring about change."<sup>21</sup> (See SMH's Theory of Change Graphic Roadmap below.) This theory of change was developed collaboratively by the strategic planning workgroup, with input from the management team, line staff, and other stakeholders.

<sup>21</sup> Center for Theory of Change, [theoryofchange.org](http://theoryofchange.org)

# SCHOOL MENTAL HEALTH'S THEORY OF CHANGE



## Theory of Change Assumptions

According to the Center for Theory of Change<sup>22</sup>:

Assumptions explain both the connections between early, intermediate and long term outcomes and the expectations about how and why proposed interventions will bring them about. Often, assumptions are supported by research, strengthening the case to be made about the plausibility of theory and the likelihood that stated goals will be accomplished.

Below are the assumptions identified by SMH's Strategic Planning Workgroup. They are organized into three categories: mental health; trauma-informed approach in schools; and school mental health, learning and achievement.

### Theory of Change Assumptions: Mental Health

1. SMH adopts the World Health Organization's definition of mental health: "A state of wellbeing in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."
2. Mental health is important at every stage of life and includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act, and helps determine how they handle stress, relate to others, and make choices.
3. Mentally healthy children and adolescents are able to thrive in developmentally appropriate ways in the contexts of self, family, peers, school, and community.
4. Many factors can contribute to mental health problems, including: traumatic and stressful life experiences; biological factors; and family history of mental health problems.
5. SMH understands that "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (Federal Substance Abuse and Mental Health Services Administration, SAMHSA).
6. Effective mental health treatment and support for children, youth, and families are essential in order to mitigate mental health problems, support recovery, and promote student achievement.

<sup>22</sup> Center for Theory of Change, Theoryofchange.org

## Theory of Change Assumptions: Trauma-Informed Approach in Schools

1. By viewing a child's past experiences through a trauma lens, it is recognized that behaviors (e.g., disruptive behavior, difficulty engaging, or trouble learning) may be a student's attempt to communicate an emotional need or to cope with symptoms of trauma.
2. To utilize a trauma-informed approach means to shift away from a deficit model, exemplified by the question, "What is wrong with you?" and asking instead, "What happened to you?"
3. A trauma-informed approach increases the likelihood of early detection and early intervention, aiding the healing process for individuals who have experienced trauma.
4. A trauma-informed school is defined as one in which all adults on campus are able to help children and youth to feel safe (physically, socially, emotionally and academically).
5. Schools promote student success by maintaining high expectations, clear boundaries, and opportunities to connect and develop healthy and trusting relationships with peers and adults.
6. Students' mental health needs should be addressed by building social-emotional competence and skills to support resilience, interpersonal connection, and academic achievement.
7. Culturally-competent collaboration with students and families is crucial when addressing the ever-changing needs of students and school communities.

## Theory of Change Assumptions: School Mental Health, Learning, and Achievement

1. Within LAUSD, School Mental Health (SMH) services are any mental health service at the school site or Wellness Center site; the four main areas of service are school-based social work, Wellness Centers and integrated clinical care, crisis counseling and intervention services, and special education counseling.
2. Investing in mental health services—including prevention, early intervention and intensive services—positively impacts measurable outcomes for students, such as improved attendance and GPA; increased rates of high school graduation and reading ability; decreased suspension and expulsion; and reduced involvement with the criminal justice system and out-of-home child welfare placements. Prevention, early detection and intervention help preempt more severe mental health needs later in life.
3. The presence of SMH professionals and services are beneficial to the school as a whole, by contributing to positive academic, behavioral and social-emotional outcomes as they relate to safety, relationships, teaching, and learning.
4. Schools are a natural environment in which child and adolescent mental health concerns can be identified and addressed.
5. Families are more likely to utilize mental or physical health services when those services are located on the school campus. This facilitates ease of access and reduces the stigma associated with obtaining mental health services.
6. When students are impacted by adverse childhood experiences, psychosocial stressors, or trauma, their ability to fully concentrate and focus on the instructional program is negatively affected.
7. By addressing students' trauma responses and helping them to develop positive coping, resilience, social-emotional skills, and healthy relationship-building skills, SMH professionals play a key role in supporting students to learn and achieve.
8. SMH professionals play a key role in training and supporting educators by helping to address students' mental health concerns, linking students to community resources, and fostering connections within the school environment.
9. SMH professionals support teachers by promoting self-care strategies and techniques to improve classroom dynamics and reduce teacher burnout.

# STRATEGIC GOALS AND OBJECTIVES 2015-2018

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## Six Strategic Goals

SMH has identified six strategic goals to work towards over the next three years. Five of these goals align directly with the five goals in the Student Health and Human Services Strategic Plan. Goal 2 in the SMH plan, addresses staff development and support; it was developed in direct response to feedback from over 90 SMH staff members.

### **WHAT WE DO: ADDRESS BARRIERS TO LEARNING:**

Goal 1: Enhance the accessibility of high-quality, comprehensive, educationally-related mental health services in SMH's four main program areas to support wellbeing

### **HOW WE THRIVE: INVESTMENT IN OUR UNIT'S STAFF AND INFRASTRUCTURE**

Goal 2: Improve supportive infrastructure, professional quality of life, morale, and wellness for SMH staff

### **HOW WE DO IT: MULTIDISCIPLINARY, COMPREHENSIVE, AND INTEGRATED**

Goal 3: Continually align SMH strategies, service delivery, and communications with internal and external partners to integrate comprehensive care for students, families, and school communities

### **WHAT DIFFERENCE WE MAKE: ALL YOUTH HEALTHY AND ACHIEVING**

Goal 4: Demonstrate how SMH services improve wellbeing, reduce barriers to learning, and align to District's Initiatives

### **HOW WE ARE FUNDED AND RESOURCED: INVESTMENT AND ALIGNED BUDGETING**

Goal 5: Increase and diversify funding to SMH in order to expand, improve, and invest in mental health services and staff who provide essential support to students and their families

### **HOW WE COMMUNICATE: UNIVERSALLY THROUGH MULTIPLE PATHWAYS**

GOAL 6: Improve awareness and understanding within school communities of social-emotional wellbeing, the impact of adverse childhood experiences, and the benefits of mental health treatment

## Definitions: Goals, Objectives, and Implementation Strategies

For each goal, there are four parts.

### **Headline:**

Introductory statements that are shared with the SHHS strategic plan (except for Goal 2 which is unique to this plan).

### **Goals:**

Broad statements of what the unit aspires to accomplish.

## Objectives:

Specific statements of the outcomes the unit wants to accomplish. There may be multiple objectives that relate to a single goal. In this plan, we have aimed to make all of our objectives SMART objectives: Specific, Measurable, Achievable, Results-focused, and Time-bound.

## Sample Implementation Strategies:

For most objectives, we have included sample implementation strategies. These are actions that the unit will undertake to accomplish each objective. These strategies will be further developed in an implementation plan beginning in 2015. The Strategic Planning Workgroup will continue to meet regularly to identify Implementation Strategies and assess progress.

## How will SMH implement these ambitious goals?

In 2015, the strategic planning workgroup will lead the process of developing an implementation plan for the strategic goals and objectives over the next three years. Specific goals and objectives may be delegated to other appropriate management team workgroups. Implementation strategies will also be aligned with those of the SHHS strategic plan which is already underway.

To keep the process realistic, meaningful, and encouraging for all levels of staff, SMH professionals will be engaged in the implementation planning process as it relates to their work and be kept informed about progress.

## Goals and objectives

### WHAT WE DO: ADDRESS BARRIERS TO LEARNING

**Goal 1: Enhance the accessibility of high-quality, comprehensive, and educationally-related mental health services in SMH's four main program areas\* to support wellbeing**

\*School-based social work, clinic-based integrated care, crisis counseling and intervention services, and special education counseling

**Objective 1a:** Demonstrate the necessity for school-purchased mental health services to increase investment in prevention, early intervention, and acute mental health care that supports social-emotional wellbeing for all students

- 1.a.1. Build awareness of the impact of school-based care on student achievement and cost-effectiveness through supporting data, print and other forms of media, and trainings for principals and other school leaders

**Objective 1b:** Train and support school site staff to proactively address students' mental health needs and promote trauma-informed, safe, and inclusive school climates

- 1.b.1. Utilize mental health consultants to inform and advise school-site leaders
- 1.b.2. Offer social-emotional curricula such as Second Step to school sites

**Objective 1c:** Enhance clinics' and wellness networks' accessibility, efficiency of operations, and availability of preventive services, early intervention, and intensive services

- 1.c.1. Enable flexible and expanded clinic hours to increase access for working families
- 1.c.2. Expand and increase service delivery locations to increase access for all
- 1.c.3. Maximize the efficiency of clinic processes and procedures
- 1.c.4. Improve quality assurance
- 1.c.5. Reduce both the total number of individuals on SMH waiting lists and time spent on waiting lists; refer to external providers as appropriate
- 1.c.6. Use parent engagement model to triage, so family and student get the right treatment at the right time
- 1.c.7. Increase the alternatives to individual therapy such as family trainings and classes
- 1.c.8. Increase referrals to clinics from schools
- 1.c.9. Build clinicians' capacity to meet all regulations and provide right treatment

**Objective 1d:** Increase access to safe and welcoming spaces for service delivery, including the development and implementation of an SMH facilities master plan. Build relationships with schools to improve room availability and quality for school-based counseling and special-education counseling

- 1.d.1. Develop and implement a facilities master plan for SMH services that upgrades existing or builds new facilities that are safe, accessible, and welcoming spaces for integrated service delivery

**Objective 1e:** Improve integration of comprehensive services across SMH programs, especially school-based social work, special education (SPED) counseling, and clinics

- 1.e.1. Increase SPED referrals to clinics
- 1.e.2. Increase integrated work between school-based PSWs and SPED counselors and school-based PSWs and clinic staff

## HOW WE THRIVE: INVESTMENT IN OUR UNIT'S STAFF AND INFRASTRUCTURE

**GOAL 2: Improve supportive infrastructure, professional quality of life, morale, and wellness for SMH staff**

**Objective 2a:** Establish clear and consistent internal communications to increase awareness across programs and enhance dialog among SMH staff

- 2.a.1. Improve internal communications through regular newsletters and other communications between administrators and line staff; including regular updates on the implementation of the strategic plan
- 2.a.2. Improve communication between schools and clinics

**Objective 2b:** Inform staff of specific program objectives, goals, desired outcomes, and accountabilities

- 2.b.1. Utilize ongoing monitoring strategies to assess efficacy, staff need, training and tools to meet annual outcomes
- 2.b.2. Ensure staff are training in and feel confident using evidence-based methods

**Objective 2c:** Develop responsive, solution-focused strategies for incorporating staff input about program improvements, structures, and resources

- 2.c.1. Establish a schedule for the Director to attend staff meetings across the unit to collect solution-focused feedback
- 2.c.2. Create a system for reviewing and responding to staff input about program improvements and needed resources that helps staff feel heard, assesses the feasibility of requests, and informs staff of the status of suggestions
- 2.c.3. Clarify when and how ESCs to develop local strategies that best suit their particular context

**Objective 2d:** Model and promote SMH staff professional quality of life and wellness by improving skill development, supervision, and collaboration

- 2.d.1. Develop a mechanism for all PSWs to have access to support and supervision, including school-purchased PSWs and other remote staff
- 2.d.2. Develop and adhere to an annual calendar and pacing plan for activities that support staff including regular activities for staff development, recognition, supervision, meetings, and other communications
- 2.d.3. Implement a participatory performance evaluation process
- 2.d.4. Increase supervision support, especially for new staff and those with high caseloads
- 2.d.5. Formally seek input from staff about opportunities to develop practices that would support wellbeing for their particular role or service area (e.g. mindfulness trainings, stretching/exercise breaks at meetings, meeting in a tranquil location)

**Objective 2e:** Treat staff with respect, dignity, and integrity

**Objective 2f:** Improve efficiency of systems, technology, and documentation to improve service delivery, streamline operations, and better manage performance

- 2.f.1. Improve functionality, efficiency, and usability of Welligent/electronic health record system
- 2.f.2. Improve quality of tools that are necessary to complete work, such as computers and internet connectivity at clinics and school sites

**Objective 2g:** Recruit, hire, and retain competent staff

- 2.g.1. Provide support for new hires to develop and retain good employees and promote their wellbeing and self-care

## HOW WE DO IT: MULTIDISCIPLINARY, COMPREHENSIVE AND INTEGRATED

**Goal 3: Continually align SMH strategies, service delivery, and communications with internal and external partners to integrate comprehensive care for students, families, and school communities**

**Objective 3a:** Expand and leverage partnerships with complementary services and programs both within and outside of the District to increase the reach of SMH

- 3.a.1. Strengthen relationships with LAUSD partners, such as: School Police, Operations, Instruction, Parent branch, and Special Education
- 3.a.2. Strengthen relationships with external partners such as: Community-based mental health agencies, DMH and contracted agencies, LAPD, District Attorney's office, nonprofits (such as The L.A. Trust for Children's Health and the National Alliance on Mental Illness (NAMI)), and universities

**Objective 3b:** Cultivate expanded opportunities for integrated work across SMH and SHHS programs that target strategic, data-driven priorities

- 3.b.1. Increase communication and integration of work across SMH programs
- 3.b.2. Increase coordination with other departments and divisions at all levels, including school site counselors, Pupil Services and Attendance (PSA) Counselors, and other SHHS staff

**Objective 3c:** Continue the development and expansion of an integrated model for wellness centers and networks, including appropriate data sharing with internal and external partners

- 3.c.1. Integrate screening for other health factors—such as diabetes, nutrition, BMI, healthy adaptive behaviors—into mental health screenings
- 3.c.2. Consider opportunities for integrating services needed by a specific Wellness Network (e.g. legal services) into the SMH's work
- 3.c.3. Integrate School Police and/or local law enforcement into mentoring activities as a resource for SMH clients
- 3.c.4. Support the development or expansion of integrated programs and services offered to students and parents by internal and external partners
- 3.c.5. Participate with The L.A. Trust, Community Partnerships and Organizational Facilitators in collaborative efforts for data submission and integration
- 3.c.6. Participate in the Wellness Coordinating Council to support optimum communication between SMH and its internal and external partners

## WHAT DIFFERENCE WE MAKE: ALL YOUTH HEALTHY AND ACHIEVING

### Goal 4: Demonstrate how SMH services improve wellbeing, reduce barriers to learning, and align to District's Initiatives

**Objective 4a:** Ensure all data collection and analysis are aligned with SMH initiatives, SHHS Scorecard, District's goals, LCAP, and the CORE Waiver

4.a.1. Identify infrastructure for data collection

**Objective 4b:** Use data and narrative to articulate and demonstrate how SMH impacts school climate, student's ability to access learning, and other key indicators

4.b.1. Use student achievement, attendance, and self-reported data to measure effectiveness of interventions

4.b.2. Conduct clinical trials and other measures of effectiveness through research partnerships

## HOW WE ARE FUNDED AND RESOURCED: INVESTMENT AND ALIGNED BUDGETING

### Goal 5: Increase and diversify funding to SMH in order to expand, improve, and invest in mental health services and staff who provide essential support to students and their families

**Objective 5a:** Make the business case to increase and diversify funding of SMH services and programs

5.a.1. Utilize reports, services minutes, and revenues to make the business case for mental health services

5.a.2. Track and monitor revenues to analyze and maximize best practices

5.a.3. Leverage resources, grants, contracts, and other funding sources to fully implement the strategic objectives of the unit and division

5.a.4. Collaborate with other SHHS and LAUSD staff to secure funding

**Objective 5b:** Align SMH budgeting with SMH Strategic Plan

5.b.1. Develop budget strategies with Budget Services to ensure services and outcomes are represented in a business model

5.b.2. Utilize SMH's business model and strategic plan to guide budgeting decisions

**Objective 5c:** Increase commitment of the District, school sites, and community partners to invest long-term in integrated prevention, early intervention services, and intensive services

5.c.1. Provide supporting data, utilize media, and develop trainings for LAUSD leaders and other central staff to increase commitment to investment in preventive and integrated mental health care and early intervention

**Objective 5d:** Provide staff the technology, training, and support necessary to maximize sustainability across SMH programs

5.d.1. Develop an action plan for keeping technology up-to-date

## HOW WE COMMUNICATE: UNIVERSALLY THROUGH MULTIPLE PATHWAYS

**GOAL 6: Improve awareness and understanding within school communities of social-emotional wellbeing, the impact of adverse childhood experiences, and the benefits of mental health treatment**

**Objective 6a:** Train all SMH staff to articulate how the continuum of SMH services can improve school climate, remove barriers to learning, engage families, and support teachers

6.a.1. Develop a training kit for staff that demonstrates consistent language and branding, and includes guidance for doing outreach

**Objective 6b:** Provide mental health awareness training for LAUSD staff

6.b.1. Lead “trauma-informed” and mental health stigma-reduction campaigns across LAUSD schools and offices

**Objective 6c:** Conduct culturally relevant outreach to families and communities to enhance protective factors, reduce stigma, and address barriers to accessing mental health services

6.c.1. Lead “trauma-informed” and mental health stigma-reduction campaigns targeted at families and students’ communities

**Objective 6d:** Publicly tell the story of SMH through increased branding, promotion, distribution of communications, and media coverage

6.d.1. Ensure consistent branding and language across SMH materials

6.d.2. Produce a media kit for local and national media outlets

## APPENDIX

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### Strategic Plan Development Process

The strategic plan was produced during a six-month, data-driven process that was led by a Strategic Planning Workgroup, a subset of the SMH Management Team that included representation from each Local District (LD) and program area. The planning was facilitated by external consultants Gina Airey (lead consultant) and Rachel Hamburg of Gina Airey Consulting.

The role of the Strategic Planning Workgroup was to contribute as both experts in school mental health and as representatives for their programs and staff, ensure the alignment of the strategic plan with the strategic plans of Student Health and Human Services and the District; be responsive to the key themes identified through stakeholder engagement (described below); ensure that the plan could be distilled into a few bold goals and related measurable objectives; and submit to the Management Team a strategic plan for approval at a November 2014 meeting.

The SMH Management Team was engaged in planning at regular intervals throughout the process, including discussions at 3 management team monthly meetings, a full day retreat in August 2014, and half day retreats in December 2014 and January 2015.

The strategic planning process also included extensive input from School Mental Health stakeholders, including more than 90 SMH staff, school principals, and LAUSD administrators in all four program areas. The primary methods of data gathering were focus groups (7) and interviews (4). All data was gathered by the consultants and reported back to the Strategic Planning Workgroup (10 members) and SMH Management Team (15 members).

### Compelling Strategic Question

The planning methodology of Gina Airey Consulting is to start with a “compelling strategic question,” an overarching question the planning group seeks to answer over the course of the strategic planning process. The SMH Strategic Planning Workgroup determined that the plan would build on the distinctive strengths of SMH and developed the following question:

***How can School Mental Health best provide leadership and expertise within the district to advance student social-emotional wellbeing, learning, and achievement?***

This compelling strategic question was used to guide which stakeholders would be involved in the planning process, what data would be gathered, and what methods would be used.

### Refinement and Approval of Strategic Plan

The theory of change and strategic goals and objectives were drafted and refined with the Strategic Planning Workgroup and Management Team over eight meetings. Feedback on the theory of change and a draft of the goals and objectives was solicited from several key stakeholders, including the Executive Director of Student Health and Human Services, school principals, District administrators, and SMH professionals.

The plan was presented to the SMH Management Team in December 2014 and finalized in July 2015.

## Acknowledgements

The strategic planning process would not have been possible without the investment of many who believe in the power of the services of School Mental Health: the Strategic Planning Workgroup, school (principal) stakeholders, Student Health and Human Services, District administrators, and SMH professionals. The Strategic Planning Workgroup participated in five planning sessions over seven months, reviewed background documents and data, and provided detailed direction to revise drafts of the plan. Both SMH professionals and external interviewees gave a generous amount of time to the planning process and invaluable feedback on drafts. We are most grateful for their service and hope that all who provided input feel ownership of this strategic plan.

## Strategic Planning Workgroup Members:

- Joel Cisneros, Coordinator, LD Central
- Pia Escudero, Director, School Mental Health
- Gloria Granados Avila, Specialist, Retired
- Kim Griffin-Esperon, Coordinator, Wellness Centers and Clinics
- Nancy Jefferson, Coordinator, LD West
- Joshua Kauffman, Coordinator, Special Education Counseling
- Martha Marquez, Coordinator, LD Northeast
- Kezia Miller, Coordinator, LD Northwest
- Cecilia Ramos, Assistant Director, School Mental Health
- Karen Wallace, Coordinator, LD South

## List of Focus Groups

In total, the consultants conducted seven focus groups with over 80 SMH staff members working in all four SMH program areas. Four were conducted during the “fact-finding” phase (May-June 2014) and three were conducted during the “feedback on drafts” phase (September-October 2014).

- Retiring Staff 2014
- School-Based Psychiatric Social Workers (x2)
- Classified Staff
- Special Education Counseling Psychiatric Social Workers
- Wellness Center & Clinic Psychiatric Social Workers
- Mental Health Consultants

## Focus Group Protocols

Below are the questions used during each phase of stakeholder engagement.

"Fact-finding" Focus Group Protocol: May-June 2014

1. What's the best thing about working in LAUSD SMH?
2. What's the most challenging thing about working in the LAUSD SMH?
3. What has been your proudest accomplishment(s) while working with LAUSD SMH?
4. What does SMH do and why does it matter?
5. During your time working with SMH, what is:
  - a. The biggest success or most significant improvement you observed in SMH?
  - b. One thing you would like to see change?
6. What support do SMH staff need to do their jobs better? What is the one most important action School Mental Health can take to improve staff members' ability to do their jobs well?
7. Overall, the main question we are trying to answer through the planning process is: "How can SMH best provide leadership and expertise within the district to advance student social-emotional wellbeing, learning, and achievement?" The following 3 questions are related to this overarching question:
  - a. Is there anything the department is currently doing that you think SMH should not continue to do?
  - b. What about anything SMH is not doing that you think it should do?
  - c. What is SMH currently doing that should continue or can be made more relevant with some tweaking/updating?
8. Five years from now, what services would you like to see being offered by SMH, where, when, and to whom?
9. If SMH ceased to exist, what would be lost?

**"Feedback on drafts" Focus Group Protocol: September-October 2014**

1. What does SMH do and why does it matter?
2. During your time working with SMH, what is:
  - a. The biggest success or most significant improvement you observed in SMH?
  - b. One thing you would like to see change?
3. What support do SMH staff need to do their jobs better? What is the one most important action School Mental Health can take to improve staff members' ability to do their jobs well?
4. Overall, the main question we are asking in the planning is "How can SMH best provide leadership and expertise within the district to advance student social-emotional wellbeing, learning, and achievement?" I'm now going to ask you a series of 3 questions related to this overarching question:
  - a. Is there anything the department is currently doing that you think SMH should not continue to do?
  - b. What about anything SMH is not doing that you think it should do?
  - c. What is SMH currently doing that should continue or can be made more relevant with some tweaking/updating?
5. Five years from now, what services would you like to see being offered by SMH, where, when, and to whom?
6. If SMH ceased to exist, what would be lost?
7. What are the final opinions you would like to offer about making SMH stronger and more successful over the next 5 years?
8. What is your advice for how to engage as many SMH staff as possible in creating a meaningful strategic plan?

## **Interview protocols**

In total, the consultants conducted four 30-60 minute-long interviews between September and October 2014. Two were conducted with school principals and two with ESC administrators. Below is a version of the interview protocol used:

### **Introductory Questions**

1. Can you briefly describe your role within the district?
2. In what ways do you and your office work with SMH?
3. How long have you been familiar with SMH? How would you describe SMH's services?

### **SMH Services**

4. (Show the service diagram) Who within [your school or ESC] relies on which of the services?

5. Overall, what do you hear from administrators, staff, and families about the services they receive from SMH?
6. Based on your experience and theirs, what does SMH currently do best?
7. What improvement to services would make the biggest difference in your and/or their satisfaction? What could SMH be doing better?
8. As an instructional leader, what do you most need from SMH? How can SMH best support the students and families in [your school or ESC]?
9. Are there any mental health-related services being offered in other [schools or ESCs] that you would like in [your school or ESC]?

### **SMH Strategic Plan**

10. If you suddenly became the Director of SMH, what's the first change you would make or action you would take?
11. What should SMH's priorities be over the next 3-5 years?
12. If SMH ceased to exist, what would be lost?
13. How can SMH best provide leadership and expertise within the district to advance student social-emotional wellbeing, learning, and achievement?

### **Feedback on Draft Goals and Objectives**

14. Are your priorities reflected here? What would you add of change?

### **List of Interviewees**

Confidential interviews were conducted with individuals holding the following positions:

- Elementary School Principal
- Middle School Principal
- ESC Operations Administrator
- ESC Superintendent

## An integral part of the educational team Strategic Plan 2015 – 2018

### Goals and objectives

**LAUSD, SHHS and SMH Vision:** Every LAUSD student will receive an education in a safe, caring environment, and every student will be college-prepared and career-ready

**SMH Mission:** School Mental Health professionals promote the mental health, wellbeing, and academic achievement of all LAUSD students

### WHAT WE DO: ADDRESS BARRIERS TO LEARNING

Enhance the accessibility of high-quality, comprehensive, educationally-related mental health services in SMH's four main program areas to support wellbeing.

**Objective 1a:** Demonstrate the necessity for school-purchased mental health services to increase investment in prevention, early intervention, and acute mental health care that supports social-emotional wellbeing for all students.

**Objective 1b:** Train and support school site staff to proactively address students' mental health needs and promote trauma-informed, safe, and inclusive school climates.

**Objective 1c:** Enhance clinics' and wellness networks' accessibility, efficiency of operations, and availability of preventive services, early intervention, and intensive services.

**Objective 1d:** Increase access to safe and welcoming spaces for service delivery, including the development and implementation of an SMH facilities master plan. Build relationships with schools to improve room availability and quality for school-based counseling and special education counseling.

**Objective 1e:** Improve integration of comprehensive services across SMH programs, especially school-based social work, special education (SPED) counseling, and clinics.

### HOW WE THRIVE: INVESTMENT IN OUR UNITS' STAFF AND INFRASTRUCTURE

Improve supportive infrastructure, professional quality of life, morale and wellness for SMH staff

**Objective 2a:** Establish clear and consistent internal communications to increase awareness across programs and enhance dialog among SMH staff

**Objective 2b:** Inform staff of specific program objectives, goals, desired outcomes, and accountabilities.

**Objective 2c:** Develop responsive, solution-focused strategies for incorporating staff input about program improvements, structures, and resources

**Objective 2d:** Model and promote SMH staff professional quality of life and wellness by improving skill development, supervision, and collaboration

**Objective 2e:** Treat staff with respect, dignity, and integrity

**Objective 2f:** Improve efficiency of systems, technology, and documentation to improve service delivery, streamline operations, and better manage performance

**Objective 2g:** Recruit, hire, and retain competent staff

### HOW WE DO IT: MULTIDISCIPLINARY, COMPREHENSIVE, AND INTEGRATED

Continually align SMH strategies, service delivery, and communications with internal and external partners to integrate comprehensive care for students, families, and school communities

**Objective 3a:** Expand and leverage partnerships with complementary services and programs both within and outside of the District to increase the reach of SMH

**Objective 3b:** Cultivate expanded opportunities for integrated work across SMH and SHHS programs that target strategic, data-driven priorities

**Objective 3c:** Continue the development and expansion of an integrated model for wellness centers and networks, including appropriate data sharing with internal and external partners

### WHAT DIFFERENCE WE MAKE: ALL YOUTH HEALTHY AND ACHIEVING

Demonstrate how SMH services improve wellbeing, reduce barriers to learning, and align to District's initiatives

**Objective 4a:** Ensure data collection and analysis are aligned with SMH initiatives, SHHS Scorecard, Districts goals, LCAP and the CORE Waiver

**Objective 4b:** Use data and narrative to articulate and demonstrate how SMH impacts school climate, student's ability to access learning, and other key indicators

### HOW WE ARE FUNDED AND RESOURCED: INVESTMENT AND ALIGNED BUDGETING

Increase and diversify funding to SMH in order to expand and improve, and invest in mental health services and staff who provide essential support to students and their families

**Objective 5a:** Make the business case to increase and diversify funding of SMH services and programs

**Objective 5b:** Align SMH budgeting with SMH Strategic plan

**Objective 5c:** Increase commitment of the District, school sites, and community partners to invest long-term in integrated prevention, early intervention services, and intensive services

**Objective 5d:** Provide staff the technology, training, and support necessary to maximize sustainability across SMH programs

### HOW WE COMMUNICATE: UNIVERSALLY THROUGH MULTIPLE PATHWAYS

Improve awareness and understanding within school communities of social emotional wellbeing, the impact of adverse childhood experiences, and the benefits of mental health treatment

**Objective 6a:** Train all SMH staff to articulate how the continuum of SMH services can improve school climate, remove barriers to learning, engage families, and support teachers

**Objective 6b:** Provide mental health awareness training for LAUSD Staff

**Objective 6c:** Conduct culturally relevant outreach to families and communities to enhance protective factors, reduce stigma, and address barriers to accessing mental health services

**Objective 6d:** Publicly tell the story of SMH through increased branding, promotion, distribution of communications, and media coverage