Santa Clara County for School Wellness Centers

An Introduction to the Wellness Center Model

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A LETTER FROM THE SUPERINTENDENT:

Our Vision for Integrated School-Based Behavioral Health

The youth mental health crisis manifests every day in schools,contributing to higher drop-out rates, student disengagement,chronic absenteeism, increased disciplinary actions, and the tragic loss of students. Teachers, school administrators, and staff are acutely aware that students' ability to engage in learning is directly related to whether their behavioral health and social-emotional needs are being met. The current behavioral health system is not successfully reaching students and, in some cases, is not implementing evidence-based approaches that would address the primary barriers to student access and reduce both prevalence and acuity of mental illness.

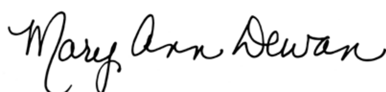
California's education leaders envision a new world where schools are centers of wellness and the current barriers no longer exist. In this reimagined future, all students benefit from prevention and intervention measures starting the day they are enrolled in kindergarten regardless of insurance provider, health plan, or diagnosis. The school culture is characterized by a wellness mindset in which school staff acknowledge that the "whole child" needs of students must be addressed in order for students to learn and engage. Social-emotional learning and self-regulation is incorporated into the curriculum, as are age-appropriate lessons on mental health awareness, signs and symptoms, prevalence, and resources. Teachers and staff promote mindfulness and wellness in the classroom while embedded school mental health professionals work with students to develop protective factors, such as resiliency, self-esteem, and coping skills.

Unlike our current system which requires children to miss class and find transportation, students who need individualized and ongoing counseling receive those services on their school campus in a way that minimizes lost instructional time and maximizes the benefits of an ecological model in which professionals can evaluate and address the natural external factors that play a central role in childhood behavior disorders. School mental health professionals observe classroom and playground behaviors, meet regularly with teachers to discuss student progress and challenges, offer coaching on culturally responsive wellness practices, and participate on the coordination of services teams (COST). When external factors are identified as the source of behavior or academic challenges, COST liaisons work with internal departments and county services agencies to connect students and families to the resources they need, including but not limited to, food,housing, childcare, afterschool programs, and free or reduced-cost technology.

Parents and caregivers receive information promoting mental health awareness, are offered mental health first aid training, and, when appropriate, are invited to participate in counseling sessions. Schools use their position as trusted community leaders and de facto messengers to chip away at deeply ingrained general and culture-specific stigmas associated with receiving mental health services.

And, importantly, the chief barrier to school-based behavioral health—a lack of sustainable ongoing funding—is eliminated. Instead, schools receive adequate, predictable, and ongoing funding that covers the cost to hire or contract for school mental health professionals and coordination of care time, including compensation for prevention and intervention activities that are embedded into classrooms and curricula. School administrators, managed care plans, commercial health plans, and county mental health plans work together to identify a streamlined compensation methodology across all payors that reduces the claiming and documentation burden on school mental health professionals and COST members, decreases the instability created by audit disallowances, and facilitates a continuum of care. A state-created and supported data system and platform is utilized efficiently by all parties for appropriate information sharing (while honoring student privacy) and, to the extent necessary, for submitting documentation and paying claims. This integrated platform facilitates time-sensitive and relevant communications amongst all local agencies that touch students' lives during a crisis or adverse childhood experience—such as removal from the home, incarceration of a caregiver, or housing insecurity—and helps trusted adults anticipate and meet students' needs.

California has a long way to go before we realize the vision for integrated school-based behavioral health services articulated statewide. Santa Clara County remains committed to making this vision a reality. The $7 billion state investment in community schools and student behavioral health will help create the partnerships and momentum needed to transform schools into centers of wellness.



Dr. Mary Ann Dewan
County Superintendent of Schools

SECTION ONE: BACKGROUND AND FRAMEWORK

Background and Framework:

The Efficacy of Implementing a School-Based Approach to Student Wellness

Executive Summary: More than 50 years of academic and clinical research demonstrates a clear and undeniable advantage to providing embedded behavioral health services on school campuses.

- **Students are 10 to 21 times more likely to receive behavioral health services when they are provided on a school campus.**[1] Providing services on a school campus eliminates the need for transportation of students to and from off-site appointments, facilitates parent participation in mental health appointments, encourages student self-referral for treatment, and increases likelihood of completing the course of treatment.[2]

- **Students and families that are referred to off-site clinics are much less likely to receive initial or ongoing services than those offered services at a school site.**[3] In a study comparing on versus off-campus delivery models, 100% of families referred for school-based services received them, while only 8% of the families referred to an off-site clinic followed through and received services.

- **Embedded school-based mental health professionals can provide more accurate diagnoses and better identification of aggravating causal factors.**[4] School-based mental health professionals have the unique advantage of observing children in natural play and academic settings and can better identify the external factors that play a central role in childhood behavior disorders.[5]

- **Integrating social emotional learning and behavioral health into the curriculum and school culture significantly reduces the stigma associated with seeking mental health treatment.**[6] Research suggests that a school-based approach to mental health also naturally reduces obstacles to care stemming from the stigma held by parents and family members.[7]

- **School-based mental health services significantly educe school disciplinary action, referrals into the criminal justice system, and school drop-out rates.**[8] When schools have the resources to provide mental health interventions and adopt intervention frameworks like Positive Behavioral Supports and Interventions (PBIS), the school-to-prison pipeline is disrupted.[9]

- **When social-emotional learning is incorporated into the classroom and embedded mental health services are offered to students, schools see increased academic performance and higher graduation and attendance rates.**[10] Research also links school-based health and mental health services to better child behavior in school, reduced emergency department usage by children, and lower rates of teen births.[11]

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Introduction

California is struggling with a growing youth mental health crisis. Between 2007 and 2014, the suicide rate more than doubled among children ages 10 to 14.[1] Across the nation, suicides surpassed homicides as the second leading cause of death for individuals between the ages of 10 and 24.[2] Beyond the 495 California youth ages 5 to 24 who died of suicide in 2015—23 of whom were under 14 years old—even more are suffering.[3] In fact, among all age groups, the prevalence of serious suicidal thoughts was highest in young adults under 25 years old.[4]

These dire statistics are the motivation behind California's new $2.8 billion Community Schools Partnership Program (CCSPP) and the $4 billion Children and Youth Behavioral Health Initiative (CYBHI) and are driving Santa Clara County Office of Education's transformational work to adopt an integrated systems approach to meeting the whole child needs of every student. The Student Wellness Initiative, which dovetails with the funding and new benefits made available in the CCSPP and CYBHI, aims to transform California's behavioral health system into an innovative ecosystem where all youth ages 25 and younger, regardless of payer, would be screened, supported, and served for emerging and existing behavioral health needs. By leveraging the CYBHI and CCSPP funding to build integrated partnerships and lasting infrastructure, Santa Clara is leading the way in addressing the children's mental health crisis.

This white paper offers research-based recommendations regarding how to implement the Initiative and ensure youth receive the greatest access to integrated and multidisciplinary behavioral health interventions in ecologically grounded settings provided by trusted and culturally competent professionals.

Background

"Health and education cannot be separated," Dr. Mary Ann Dewan, County Superintendent of Schools, said. Our youths' mental health concerns are personal, developmental, and societal. Over the course of a year, almost a third of students experienced the loss of a loved one, and many more witnessed close family members survive a near-death experience due to COVID-19.[5] These traumas, the effects of which permeate adolescence, cannot be ignored. Students will need to heal as they balance school, homework, studying, tests, college applications, and more. Students living in poverty, students experiencing housing insecurities, students with disabilities, and students of color have been disproportionately affected by the pandemic and systemic issues of racism.[6] Issues of gender identity and sexuality also have a significant impact on the youths' experiences. Unfortunately, due to lack of acceptance and bullying; lesbian, gay, bisexual, and transgender youth are four times more likely to attempt suicide than straight youth.[7]

The COVID-19 pandemic has exacerbated the issues and accelerated the need for youth mental health services. In the first year of the pandemic, intentional self-harm among 13- to 18-year-olds increased by 91%, overdoses increased by 95%, and diagnoses of major depressive disorder increased by 84%.[8] Between April 2020 and April 2021, in a survey of over 1200 students from over 50 school districts and 25 counties across California, two-thirds of students reported that their mental health was negatively impacted by the pandemic, and more than half of the students were overwhelmed by virtual learning.[9] Left unchecked, these symptoms of the youth mental health crisis will have irreversible consequences. As many as one in fi ve California high school students considered suicide in the last 12 months.[10] Our youth are struggling tremendously, and their cries for help are quantifiable; calls to the California Youth Crisis Hotline increased 227% during the pandemic.[11]

Barriers to High Quality Care

In spite of the tremendous need, California has one of the lowest children's mental health service rates in the nation. Fewer than 5% of youth receive the mental health services they are entitled to.[12] During the first six months of the pandemic, California recorded the largest decline in access to youth mental health services of any state. In essence, both before and during the pandemic, California provided fewer mental health services to children under 19 than any other state.[13]

While the state's Mental Health Parity Act strengthens existing regulations for insurers to cover mental health

care at the same level as physical health care, the reality is that insurers often do not fulfill this expectation, despite having the power to incentivize the provision of services. In California, in-network primary care payment levels are 27.9% higher as compared to behavioral health services.[14] Low reimbursement rates and the hassle of dealing with insurance companies causes behavioral health providers to opt out of accepting insurance entirely,[15] to the point where only 55% of psychiatrists accept any form of insurance.[16]

As a result, out of network care utilization is nearly 500% higher for outpatient behavioral health services than physical health services.[17] While mandatory coverage for behavioral health services has improved over the past two decades, limited access to providers continues to be a barrier to services. As of 2016, there is a gap of 23.6% between the number of psychiatrists in California and the number required to care for all persons who need behavioral health services.[18] The shortage is even worse for youth services. As of 2018, there were only 13 child and adolescent psychologists per 100,000 children under 18 in California.[19] Despite the shortage, health plans still deny applications for therapists to accept insurance, citing a supposed lack of need in the area and ignoring the severe misalignment of cultural competencies between available providers and those who need services.[20]

California schools are deeply committed to addressing students' behavioral health needs but have historically been limited by inadequate funding. California ranks 41st in the nation for spending on education and 43rd in the nation for Medicaid spending per student on school-based health and mental health services. The lack of investment translates to California ranking 50th for the number of school counselors per student.[21] School mental health services were especially impacted by the 2008 financial crisis. California had 6,438 guidance counselors in 2001-2002,[22] a number that climbed to a peak of 7,839 in 2007-2008,[23] but fell to 6,191 in 2010-2011.[24]

Students of all ages are affected by this shortage. Approximately 16% of school districts provide mental health services for all elementary school students, and more than one quarter of school districts have at least one high school without a counselor. School based health care coverage for the general student population is especially low in rural areas and in schools with high rates of special education classifi cations.[25] The pandemic has further limited students' access to services in the past year, where 54% of students reported experiencing a decrease in mental health support at their schools, and 57% of students reported not having access to a counselor or therapist.[26] These numbers are not a surprise, given that historically, education and behavioral health systems in California have been heavily siloed. The next section will explore how this current landscape intersects with the Children and Youth Behavioral Health Initiative to create a highly optimistic future.

The Children and Youth Behavioral Health Initiative is an investment to build infrastructure and close the gaps in students' mental health care needs. The provision of mental health services in schools is both timely and effective. Half of all lifetime cases of diagnosable mental illnesses begin by age 14.[27] It is imperative to provide the opportunity to address all students' mental health needs in a setting where they are most likely able to access services: on school campuses.

Utilizing the school environment—where students spend a significant part of their day—for early intervention brings public health efforts to the students, meeting students where they are and providing more accessible services to those in need. School-based mental health services can be integrated into the instructional and socio-emotional learning experiences that students already have. It also provides immediate and continuing resources to students without requiring families to search for already limited sources of care.[28] School-based healthcare programs

substantially increase children's access to care, even for children covered by Medicaid or private health insurance.

The American Psychological Association reports that students with mental health experts on their school campus are 21 times more likely to receive mental health services.[29] Behavioral health services on school campuses can expand and provide care for students who would otherwise not receive it due to a lack of diagnosis or other barriers, such as restrictions on health insurance, lack of coverage, poor quality of services, or lack of health care providers within a reasonable proximity.[30]

Schools are the bedrock of the community for the 6.2 million students enrolled in K-12 schools and the place where these youth spend most of their time outside of their homes. Families look to educators to be role models for their children and provide nurturing care, guidance, and support.[31] More than 35% of parents reported a barrier to mental health services. Types of barriers included those related to structural constraints, perceptions of mental health, and perceptions of services (20.7%, 23.3%, and 25.9%, respectively).[32] Services that are provided in "ecologically grounded settings" remove barriers for parents, such as the need to travel and lack of trust. These advantages may encourage more parents to seek mental health care for their children and more students to self-refer for treatment.[33]

Schools are especially trusted resources for immigrant communities.[34] Financial and nonfi nancial barriers, such as lack of transportation,[35] limit immigrant families' access to mental health care.[36] Youth of color, in particular, have been found to use school-based services more frequently than other community health delivery sites.[37] Adolescents with access to school-based health centers with mental health services were 10 times more likely than students without such access to initiate a visit for a mental health or substance abuse concern. The convenience and comfort of having school-based mental health services also may promote a longer-lasting commitment to following through with all recommended services.[38]

Students who are offered services on campus are significantly more likely to receive them, as opposed to those who are referred to services at an off-campus clinic for both initial and ongoing services. In a 2001 study, two groups of families were referred for behavioral health

services. One group received school-based services; the other group was referred to an off -campus clinic nearby. Whereas 100% of families referred for school-based services received them, only 8% of the families referred to clinic-based services followed through and received services. At the 9-month follow-up, 86% of families receiving school-based services were still participating in services whereas no outside clinic families were receiving any mental health services for their children.[39]

Mental health services at schools provide positive outcomes that go beyond individual student impacts. The American Public Health Association writes that mental health services on school sites significantly reduce the stigma associated with seeking mental health services.[40] Prior research studies have linked school-based healthcare and mental health services to better student behavior in school, reduced emergency department usage by students, higher rates of educational success, and lower rates of teen births.[41] Mental health services on school campuses also increase attendance and likelihood of graduation and decreases likelihood of dropout.[42] A community school in Los Angeles reported a 90% decrease in psychiatric holds after a therapist was brought in.[43] Embedding school mental health professionals reduced critical discipline incidents by 67%; while mental health related critical discipline incidents were reduced by 62%.[44]

The provision of mental health services at schools creates a landscape where all students, regardless of health plan or insurance provider, race, gender, economic status, gender identity, sexuality, and need have access to a continuum of mental health services, including early intervention and prevention services embedded in academic curriculum and classroom settings. Because students spend a signifi cant amount of time in school, the personnel who interact with them every day are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. According to the National Association of School Psychologists, youth who are contemplating suicide frequently give warning signs of their distress but are not likely to seek help directly. Thus, training school staff to respond to youth who exhibit warning signs of suicide is imperative.[45]

Screening, early identification, access to services, and receipt of services are critical in preventing and reducing mental health problems associated with suicidal behavior.[46] School mental health services have been shown to enhance clinical productivity, as students are more accessible to mental health staff.[47] When mental health services are provided by a mental health professional that is embedded at a school site, they are more targeted and can more closely monitor progress. In addition to eliminating barriers to access to care, school-based mental health services offer the potential to improve accuracy of diagnosis as well as assessment of progress.

One of the major challenges to providing mental health services to students is gaining access to information concerning the functionality of the student in various environments. Schools may have more information on how children deal with physical and social stresses and challenges and how they perform in the academic setting, on community-related roles in which children engage (e.g., in sports, with younger children as a mentor, etc.), and on the nature and extent of many sorts of interpersonal relationships (e.g., adults, peers).[48]

Conclusion

Youth are the foundation of California's future. We must protect their mental health through conscious, effective investments in the services they need most. While the current statistics are dire in terms of both need and lack of treatment, they also point toward promising areas of improvement and interventions. Directing funding from the Children and Youth Behavioral Health Initiative toward behavioral health clinicians and personnel for schools is an efficient way to grow the workforce providing mental health services for schools and ensure that services reach students where they can access them.

About the Authors

Amanda Dickey, Esq. is the Executive Director of Government Relations at the Santa Clara County Office of Education (SCCOE). Her areas of expertise include early education, special education, school-based health and mental health, Medi-Cal funding streams, community schools, and federal legislation. Her advocacy work supports the SCCOE values of equity and inclusion for all students. Amanda is a graduate of Pacific McGeorge School of Law, where she concentrated in legislative interpretation and civil rights. Amanda is admitted to practice law in the state of California.

Carolyn Gray is a 24-year-old resident of Sacramento with lived experiences of mental health conditions, crises, and treatment in high school and college. Her first hand experience with student mental health informs and motivates her work on youth mental health advocacy in government relations for the Santa Clara County Office of Education.

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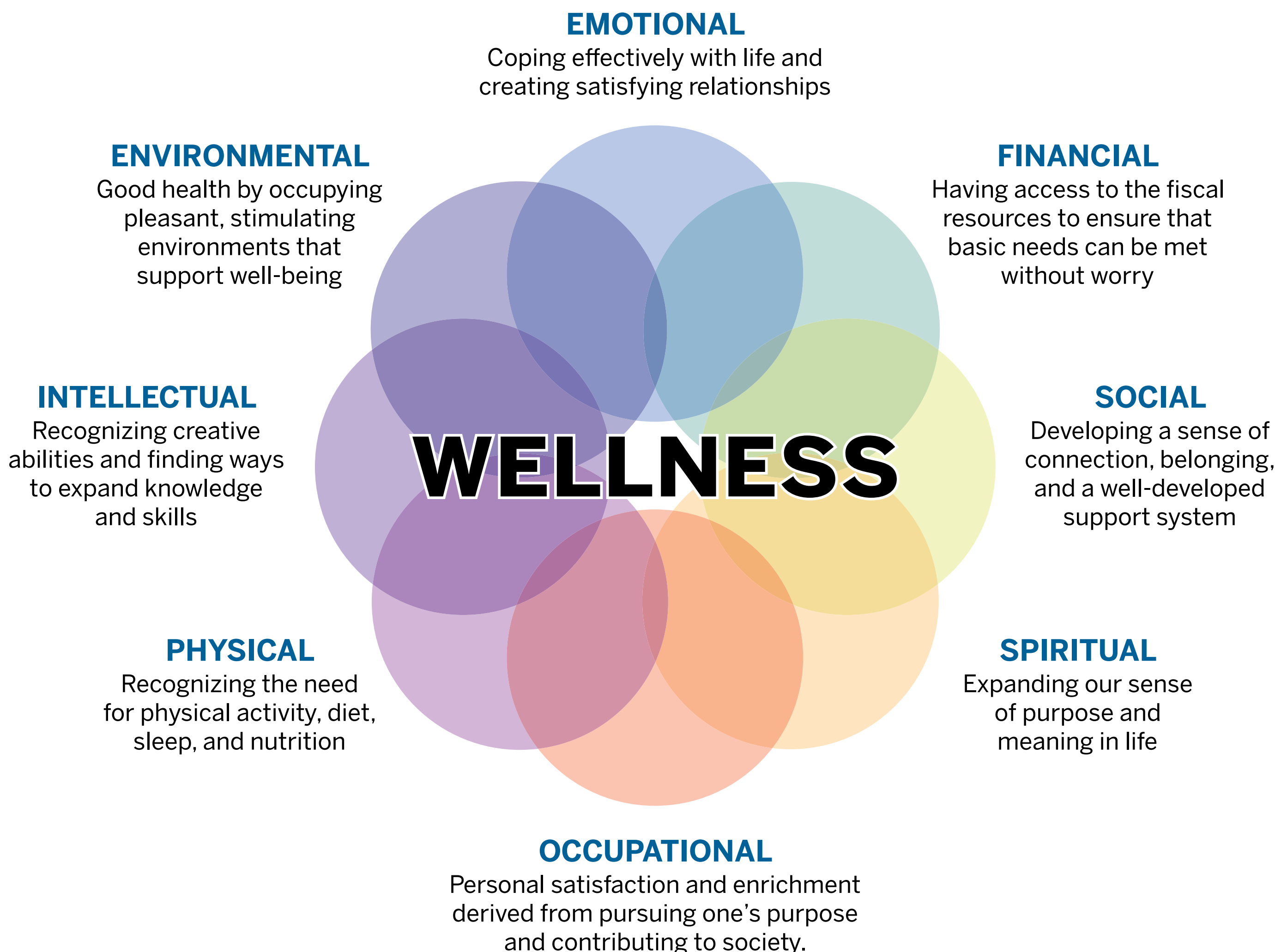
SECTION TWO: WELLNESS CENTER GROUNDING FRAMEWORKS

Eight Dimensions of Wellness:

- Wellness is a broad concept. We invite you to think of wellness as meaning being healthy in many dimensions of our lives. That includes the emotional, physical, occupational, intellectual, financial, social, environmental, and spiritual parts. These dimensions are interconnected, one dimension building on another.
- The Eight Dimensions of Wellness, Wellness Model was developed by Peggy Swarbrick's since the 1990s. The model views wellness as holistic and recognizes that Wellness and wellbeing must be viewed using a lens of Person-in-Environment (PIE). In order for one to be well we must address the root causes that provoke and contribute to feelings of anxiety, stress, worry, and harmful coping mechanisms.

THE EIGHT DIMENSIONS OF WELLNESS



Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

- Swarbrick's '8 Dimensions' model has been used to craft an effective framework for the pursuit of wellness. The model prominently features adjacent dimensions overlapping to convey the idea that all dimensions are connected and reliant on one another. The dimensions are not mutually exclusive, each dimension can impact the other in both positive or negative ways. What has been the most successful aspect of this model is that it is strength focused building on the daily habits and routines of people, to build and strengthen new habits.
- We also recognize that we live in a multicultural world, and wellness encompasses areas that may not be specified in this brief discussion. We believe, for example, that trauma is a universal human experience, and that our culture and spiritual beliefs impact our perceptions and everything we do. In summary, wellness is about how we live our lives and the joy and fulfillment and health we experience. physical, emotional and social. We find that very often people can identify what they are doing well and consider how they can strengthen or expand upon those.

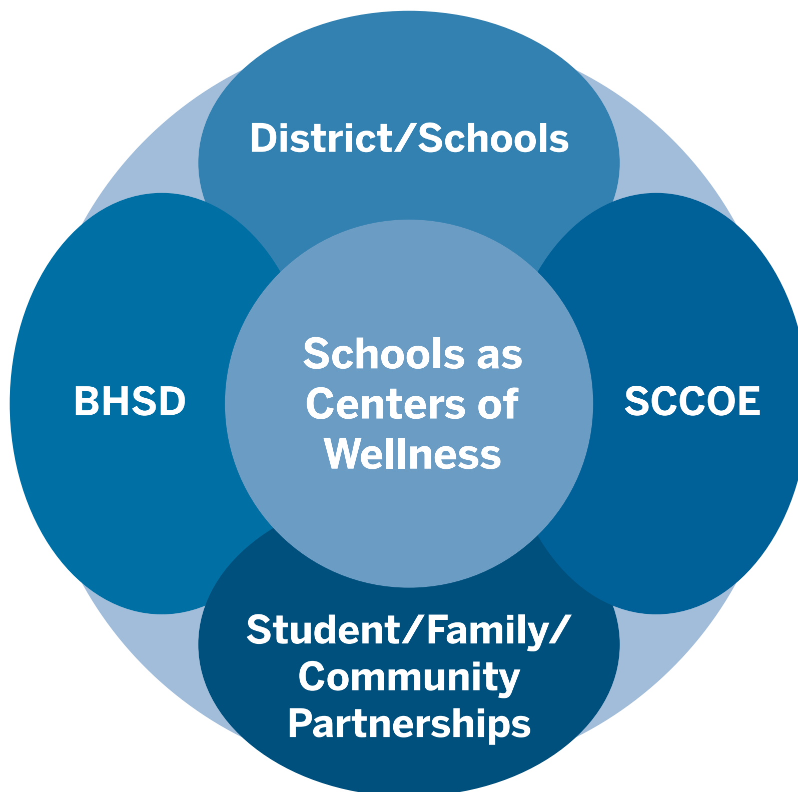
Interconnected Systems:

- Interconnected Systems Framework (ISF) aims to integrate School Mental Health Systems within Multi-tiered Systems of Supports. The goal is to ensure that there is a single system of support that blends resources, training, systems, data, and practices in order to improve outcomes for all children and youth. ISF emphasizes the importance of a school-wide prevention approach, using data for early identification, and intervention of the social, emotional, and behavior needs of students. Furthermore, ISF acknowledges the need for family and community partnerships in supporting the mental health needs of students. ISF provides tangible steps that educators working to implement school mental health programs can take to ensure that these supports are integrated into the culture of the school and are not occurring independently and in isolation of other supports and services being offered on school campuses.

SECTION THREE: SANTA CLARA COUNTY FOR SCHOOL WELLNESS CENTERS

Vision for School-Based Wellness Centers

- **Holistic Support**
  - Increases access to supports that address physical, mental, emotional, and social support at school.
- **Family Support Services**
  - Increases provision of outreach, psychoeducation workshops, and navigation services to students and their families.
- **Staff Support**
  - Provides professional development and wellness support to school staff.
- **Stress Reduction**
  - Decreases stress by providing a comfortable setting on school campus that offers strategies to increase student resilience, regulation skills, and overall well-being.
- **Reduction in Wait Time**
  - No Wrong Door: drop-in before and after school, during break and lunch. Unified care coordination in a centralized program and location.
- **Reduction in Need for Intensive Care**
  - Provides screening to assess strengths and needs; & identify type and level of care.



SECTION FOUR: OVERVIEW OF SCHOOL-BASED WELLNESS CENTERS

Santa Clara County Wellness Center Key Elements

What is a School-Based Wellness Center?

A school-based Wellness Center is one component of a "whole child approach" to supporting students and to bringing the vision of schools as centers of wellness to life. A school-based Wellness Center provides timely access to mental health and wellness services before, during, and after school right at the school site. School-based Wellness Centers provide students and families with access to a full continuum of care. While school-based Wellness Centers are adaptable to meet the culture and climate of each school community, there are key elements that are foundational and should be present in every school-based Wellness Center.

School-Based Wellness Center Key Elements:

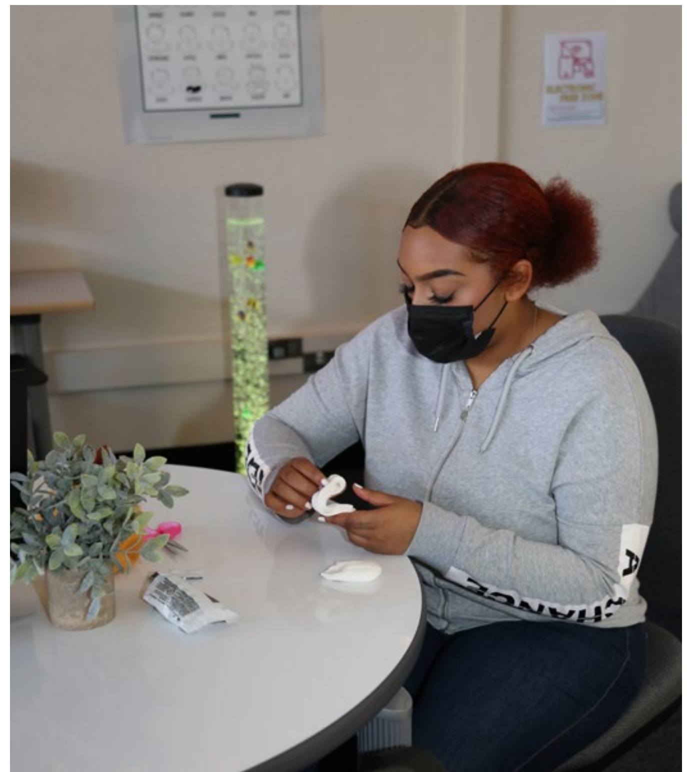
Wellness Center Frameworks: School based wellness centers are comprehensive and grounded in evidence based frameworks and practices. The Santa Clara County Office of Education (SCCOE) grounds its implementation in Compassionate Systems and Interconnected Systems Framework (ISF).

Youth Advisory Group: The Youth Advisory Group (YAG) consists of a diverse group of youth representatives from across the school. The YAG serves as mental health and wellness leaders on campus, focusing on advocacy and outreach efforts related to mental health and wellness through participation in matters such as policy events, peer supported activities, and the co-development of Wellness Center messaging and collateral. The YAG routinely provides input and feedback to inform the activities and services provided by their school's Wellness Center, playing an instrumental role in Wellness Center operations.

Centralized Location: The Wellness Center should be in a prominent place on campus. The Wellness Center should serve as a centralized location on campus where mental health and wellness care is coordinated. All service providers, whether staffed by the school or community partners, should work as part of the Wellness Team, which reduces barriers for students and families.

MTSS Frame (Continuum of Care): The Wellness Center works within the Multi-Tiered System of Support (MTSS) model to provide a continuum of care, supporting universal prevention for all students (Tier 1), targeted interventions and group supports for some students (Tier 2), and intensive and individualized supports for few students (Tier 3). Wellness Center services should also be integrated into the MTSS structure using Interconnected Systems Framework. Services are data driven and reflect the needs of individual students, schools, and school districts. Services are culturally appropriate and include coordination of care and linkages to community based organizations.

Partnerships: Wellness Center staff work in partnership with community based organizations (CBOs) and other partner agencies, including those who provide non-traditional therapeutic modalities, leverage community resources, supplement existing services and supports, and expand the school site's wellness continuum of care. Wellness staff coordinate workshops and small groups on school sites that are facilitated by Community Based Organizations and other partner agencies, and provide linkages to services and coordination of care across providers for students and families as needed.



Staffing: School-based Wellness Centers should be staffed with a Wellness Center Liaison and Specialist. Wellness Center personnel work in partnership with school staff, county, and community-based agencies to provide just in time support and increase coordination of care.

- Wellness Centers are staffed with one Liaison. Wellness Center Liaisons are responsible for supporting the day-to-day operations of the calming space, including checking students in and out of the center, helping students decide which regulation activity will best support their needs, triaging student needs to determine if a higher level of support is warranted, connecting with community based organizations, and conducting community outreach.
- Mental Health School Wellness Specialists are credentialed social workers, counselors, psychologists or licensed clinicians and support with psychoeducation, student screening and assessments, individual and group counseling, coordination of care, and crisis response on the school campus.

Note: *While each Wellness Center staff member may go by different job titles, it is essential that the roles and responsibilities are aligned. Also note that there are billing implications related to your staffing model.*

Wellness Center Schedule: The Wellness Center, including the calming space, opens on the first day of school, remains open across the instructional year and may be open during the summer. The center is available to students before and after school, as well as during break and lunch.

Calming Space: The calming space within the Wellness Center offers self-care and regulation opportunities for students. The space is grounded in research and evidenced based SEL practices where students are supported with relaxation, stress reduction, and the development of coping skills that translate across settings, thereby promoting the holistic well-being of youth. Examples of calming space opportunities include guided mindfulness exercises, art activities, journaling, and yoga/movement breaks. Within this space, students also have access to mental health and wellness books in the library/reading nook, puzzles, aromatherapy, and sensory tools, including fidgets.

Screening & Assessment: Wellness Center staff utilize data driven and evidence-based screening and assessment tools to identify the level of care each student needs. These tools may include the Strengths and Difficulties Questionnaire (SDQ) and the Child and Adolescent Needs and Strengths (CANS) assessment or others. Data from screening and assessment tools inform level or care, treatment planning, service provision, identification in services to link students/families with, and overall program evaluation.

Coordination of Support Team (COST) Meetings: The Wellness Center team inclusive of school employed providers, designated staff, community providers and members from partner agencies meet regularly (weekly or bi-weekly) to set Data Driven Mental Health & Wellness program goals & objectives, and coordinate care across all three tiers of support which streamlines program and services delivery.

Note: *The meeting title may change or the team may be integrated into other coordination teams if they exist. MTSS Tiered Teams, PBIS Teams, etc as long as both wellness center staff and community providers are participants and the meeting purpose is the same.*

Sustainability Plan: Wellness Centers have sustainability plans that include blending, layering and braiding of education funding, mental health funding sources and other available funding sources. Funding sources may include LCFF Base & Supplemental, Title I, Differentiated Assistance, CSI Funds, TUPE, ESSER, Mental Health Student Services Act (MHSSA), California Community Schools Partnership Funds, grants, donations, philanthropic funds, PTA funds, Health Insurance Billing Revenues and more. A core element of sustainability and expansion is for school-based Wellness Centers to leverage Medi-Cal and Commercial billing (beginning in 2024) for all students, including services provided to general education students.

SECTION FIVE: PRE-IMPLEMENTATION

Developing the School Vision for a Wellness Center

It is recommended that before you embark upon the journey of implementing school based wellness centers, that your collective team and school have a clear vision for the purpose of the center. How will you maintain the integrity of the space being a "no wrong door" approach to any student on campus experiencing any level of need regarding mental health and wellness?

Team:

A vital component to the success of a school based wellness center is your implementation team. While input from invested parties (staff, students, etc.) should be collected and considered in all decisions though the implementation process, identifying who will comprise your implementation team will be a first step in this work. It is recommended that this team represent members of the administrative team, mental health and wellness team, and district representation initially.

Asset Mapping:

To best understand the current mental health and wellness needs of your school and how a wellness center can support those needs, it is essential to know what assets already exist within your school that can support the mental health and wellness of your youth on campus. The purpose of your asset mapping is to provide information about your existing strengths and resources as a school community, where those assets can offer solutions and more easily identify needs during the needs assessment process.

What is a school based Mental Health and Wellness Asset?

A school based mental health and wellness asset is something that improves the quality and access to students receiving mental health and wellness support directly on a school campus. These can include:

- **School Culture**
  - What are some traditions/celebrations specific to your school?
  - What is your school's story or history?
  - What is your current mission and vision statement and is it timely and relevant?
  - Are you a school rooted in shared decision making?
- **Human Services**
  - Who currently supports youth mental health and wellness on campus?
  - Who supports adult mental health and wellness on campus?
- **Physical Environment**
  - What space(s) are designated to supporting mental health and wellness on campus?
  - Where within each classroom is mental health and wellness supported?
  - Are there non-traditional areas of a school that support mental health and wellness? (ex: garden, art therapy room, etc.)
- **Multi-Tiered Systems of Support (MTSS)**
  - What are the current MTSS supports and services that exist at Tier 1, Tier 2, and Tier 3 regarding mental health and wellness?
  - What current teams support MTSS specifically related to mental health and wellness?
- **Community Partnerships**
  - What Community Based Organizations (CBOs) currently serve youth on your campus?
  - What events occur in partnership with CBOs on your campus?
  - What family outreach/events occur as a result of your partnerships with CBOs?
  - What tiers of support do your community partners serve?

MENTAL HEALTH AND WELLNESS ASSET MAPPING		
Asset	**Sample Guiding Questions**	**School Specific Responses**
School Culture	• What are some traditions/celebrations specific to your school? • What is your school's story or history? • What is your current mission and vision statement and is it timely and relevant? • Are you a school rooted in shared decision making?	
Human Services	• Who currently supports youth mental health and wellness on campus? • Who supports adult mental health and wellness on campus?	
Physical Environment	• What space(s) are designated to supporting mental health and wellness on campus • Where within each classroom is mental health and wellness supported. • Are there non-traditional areas of a school that support mental health and wellness? (ex: garden, art therapy room, etc.)	
Multi-Tiered Systems of Support (MTSS)	• What are the current MTSS supports and services that exist at Tier 1, Tier 1, and Tier 3 regarding mental health and wellness? • What current teams support MTSS specifically related to mental health and wellness?	
Community Partnerships	• What Community Based Organizations (CBOs) currently serve youth on your campus? • What events occur in partnership with CBOs on your campus? • What family outreach/events occur as a result of your partnerships with CBOs? • What tiers of support do your community partners serve?	

NEEDS ASSESSMENT (EXAMPLE)

Identified Need	Data Supporting Need	Focus of support through Wellness Center	Desired Outcome	Invested Parties
(Example) **Students presenting with anxiety**	**Panorama Survey** **Mental Health Referrals**	**Anxiety tools within the calming space**	**Students will have options to help with decreased anxiety.** **Students will visit calming space when experiencing anxiety.** **Students will be c onnected to higher level of services if anxiety presents as ongoing.**	**Students** **Wellness Center Staff**

ASSET/NEED CORRELATION MAP

Asset	Need	Desired Outcome	Wellness Center Support
(Example) **Community Based Partnership (Second Harvest Food Bank)**	**20% of families indicated basic needs are not being met – food insecurity**	**All families will have access to adequate food**	**Link families to CBO for direct services** **Food Pantry in Wellness Center**

Needs Assessment

What is a school based mental health and wellness needs assessment?

A school based mental health and wellness needs assessment is a process by which you will determine and address your current needs as it relates to mental health and wellness on your campus, the desired conditions that you would like, and the gaps that reside between those two current conditions. These can include a direct correlation between your asset mapping. When creating your needs assessment consider the following:

- What data is being used to determine the need? (ex: most pressing needs impacting students requiring support at each level; Tier 1, Tier 2 and Tier 3)
    - Office Referrals
    - Suspension/Expulsion Data
    - Attendance/Truancy
    - School Climate Surveys
    - McKinney Vento
- What will the focus areas be? What is the data telling you?
    - Emotional/Behavioral
    - Basic (food/housing)
    - Social Support
    - Family functioning
- What is the desired outcome?
- How will you measure progress?
- What invested parties must be involved to ensure success?

Multi-Tiered Systems of Support

"In California, MTSS is an integrated, comprehensive framework that focuses on CCSS, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. California has a long history of providing numerous systems of support. These include the interventions within the RtI2 processes, supports for Special Education, Title I, Title III, support services for English Learners, American-Indian students, and those in gifted and talented programs. MTSS offers the potential to create needed systematic change through intentional design and redesign of services and supports that quickly identify and match the needs of all students." California Department of Education

Wellness centers can support all three tiers as outlined by MTSS with Tier 1 being accessible to all, Tier 2 providing support to some students and Tier 3 services aligned with supporting few students. Below is an example of the collective effort in Santa Clara County to provide a continuum of care across all tiers of support.

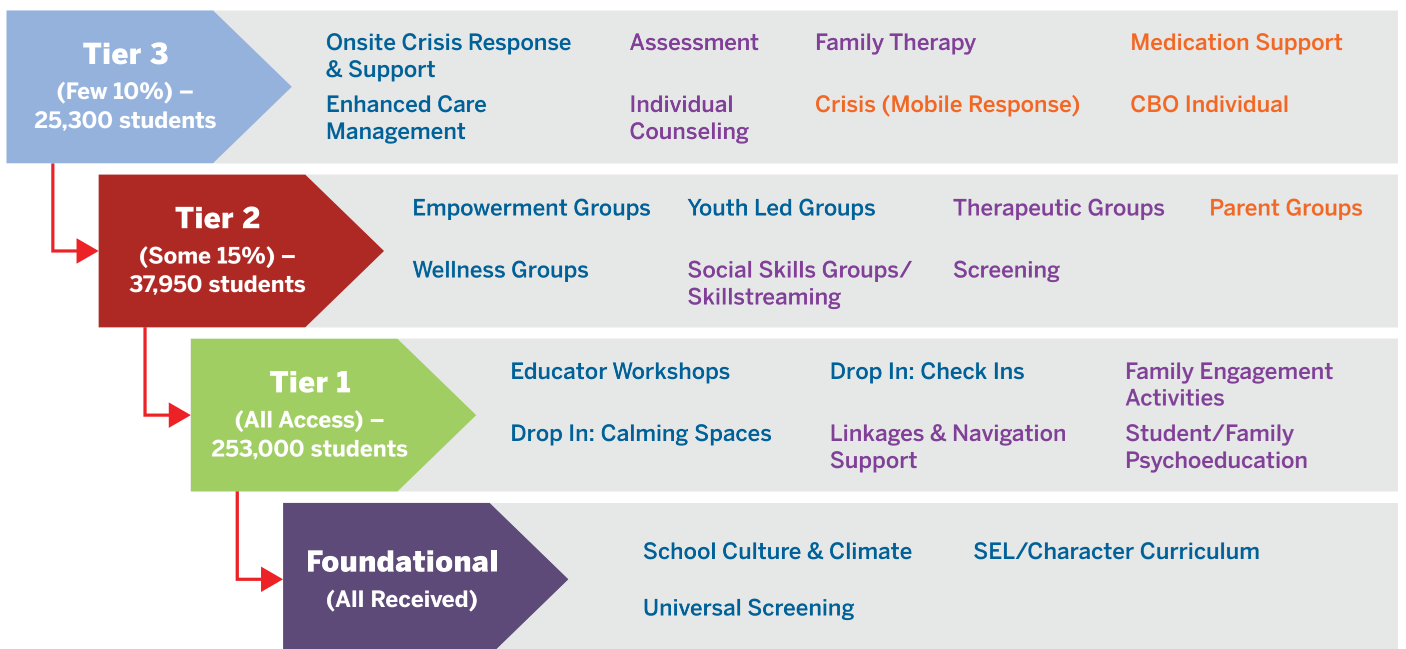
Additionally when considering implementation of a wellness center the scope and sequence can be looked at through a multi-tiered lens as well. See an example of this below. Please note that each school is unique and has its own Wellness Center journey. The implementation scope and sequence is iterative and adjusts based on the school context and where they are in the integrated school wellness center journey.

In addition to the services provided at each of the levels of support, a key consideration is who makes up your MTSS team. While this team may be called different names (Coordination of Services Team (COST), Student Study Team (SST), etc) a core function is to coordinate school wide efforts focusing on mental health and wellness, social emotional skills and its impact on academic success, as well as the needs of individual students including referrals from self, staff, caregivers, etc. to determine the level of care needed and opportunities to support families and caregivers. For that reason it is recommended that a combination of the following people are a part of the team; wellness center staff, school psychologists, school site social workers, invested community based organizations, and site administrators.

Referral and Services Pathway

Determining the referral pathway in which students will be able to access support at all levels is essential for students to be connected with appropriate services, allows for diligent follow up, and supports billing structures.

Example: Wellness Center Continuum of Care



Wellness Center Implementation Scope & Sequence

Note: *Each school is unique and has its own Wellness Center journey. The implementation scope is iterative and adjusts based on the school context and where they are in the Integrated School Wellness Center journey.*

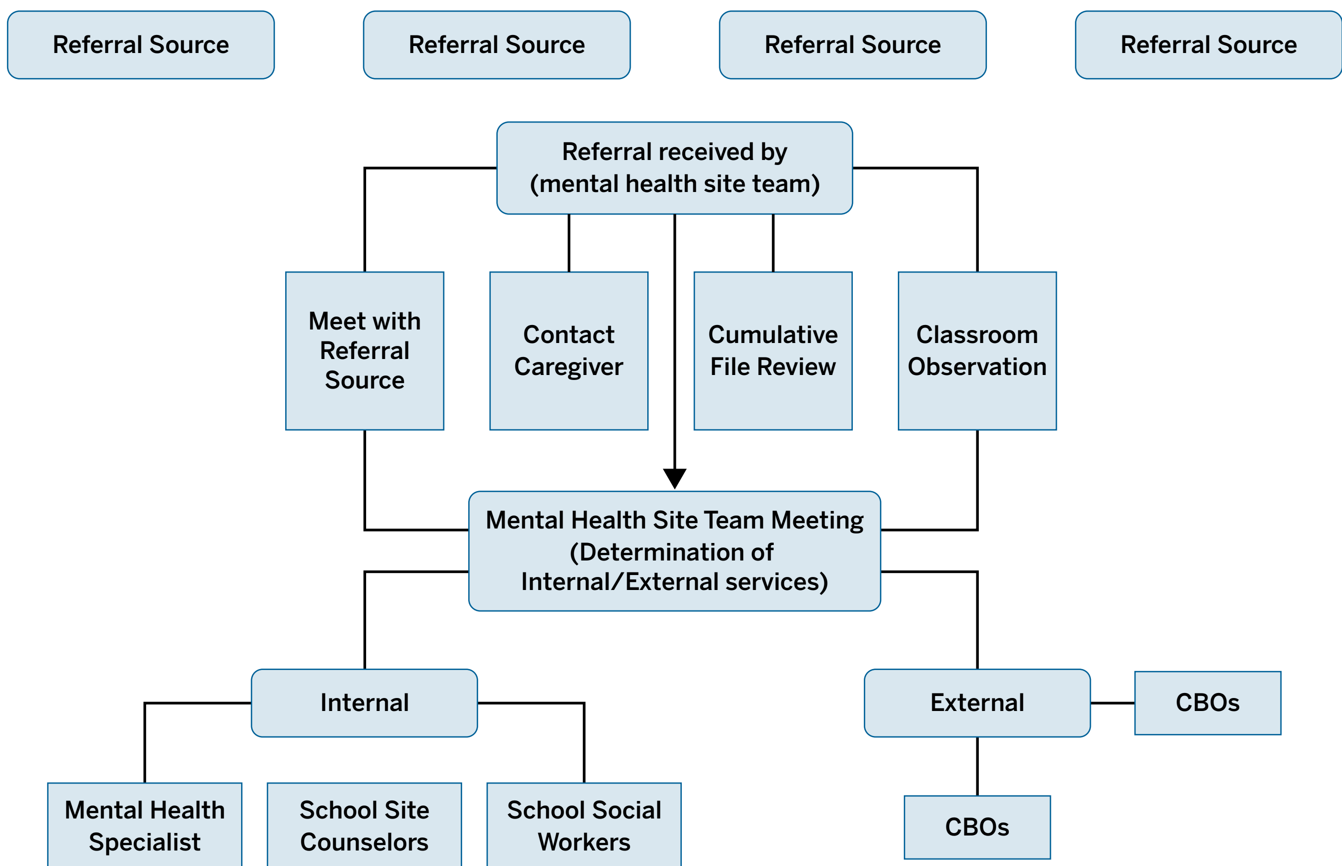
Tier 1		Tier 2		Tier 3	
Semester 1	*Semester 2*	*Semester 1*	*Semester 2*	*Semester 1*	*Semester 2*
Overview & Key Elements of School Wellness Center	Calming Space Launch	Overview - Tier 2 Integrated Mental Health Supports	Aligning & Selecting Evidence Based Tier 2 Supports	Overview - Tier 3 Integrated Mental Health Supports	Using Assessment to match students to Tier 3 Support
Core Frameworks & Values	Overview - Tier 1 Integrated Mental Health Supports	Tier 2 Team Integration & Operation	Tier 2 Implementation Structures	Tier 3 Team Integration & Operation	A deeper dive into school-based billing
Wellness Teams Implementation Team/ Youth Advisory	Tier 1 Team Integration & Operation	Introduction to Medicaid & Billing	Using data to match students to Tier 2 Supports	Medicaid Tier 3 Documentation Requirements	Models of Billing
Wellness Asset Mapping, Gap Analysis & Sustainability Brainstorming	Tier 1 Behavioral Health Promotion, Supports & Services	Referral Process Map	Documentation of Tier 2 Services	Review Referral Map	Billing Implementation
Referral Process Mapping	MHW Professional Development	Tier 2 Intervention Mapping	MHW Professional Development	Aligning & Selecting Evidence Based Tier 3 Supports	Billing Implementation
Calming Space Development	Feedback/ Acknowledgement	Existing Documentation Structures	Feedback	Aligning & Selecting Evidence Based Tier 3 Supports	Feedback
Calming Space Implementation Plan	Data Based Decision Making/ Fidelity	Screening	Data Based Decision Making/ Fidelity	Tier 3 Implementation Structures	Data Based Decision Making/ Fidelity
ANNUAL EVALUATION					

When considering your referral pathway we recommend considering the following:

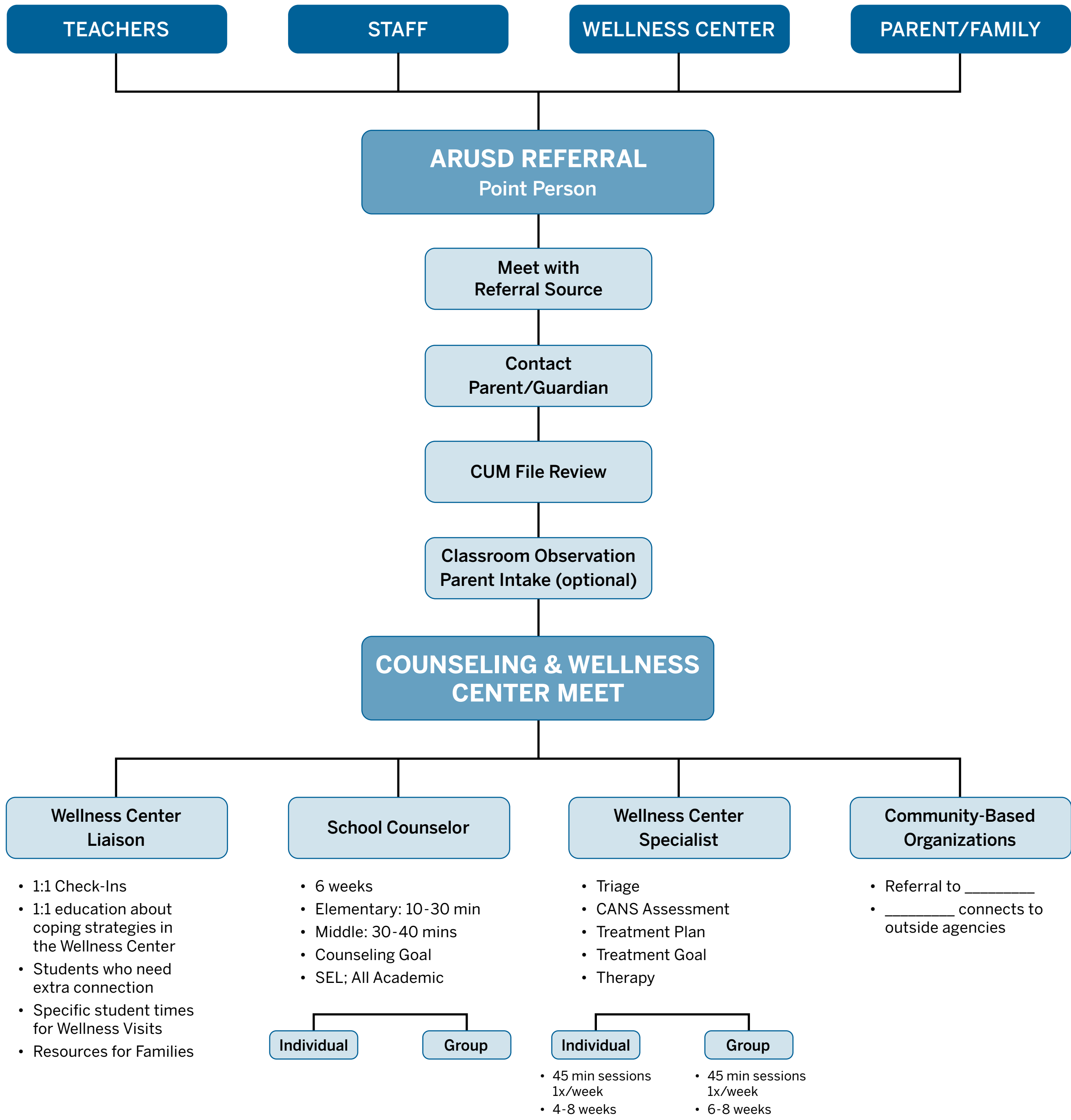
- Who can refer students for services (referral source)?
  - Self- refer (student)
  - Staff member
  - Family Member
  - Peer
- What is the process once a student is referred for mental health and wellness services?
- Who receives the referral once it is made?
- Who is responsible for caregiver contact?
- Who is responsible for the students' cumulative file review?
- Who is responsible for any student observations?
- Will the student receive internal services?
  - Support through the Wellness Center
  - Support through a school based clinician
- Will the student receive external services?
  - Community Based Organizations
- Is there a coordination of services team that meets to determine which services and support best meet the needs of the student? (internal vs. external)
- Which points in your referral process are eligible for billing?
- Are all invested parties aware of the referral process?

Below, and on pages 22 and 23, are examples of Referral and Services Pathways.

Referral and Services Pathway Example



Referral Flowchart Example



School Based Wellness Centers Referral Process Map

REFERRAL

DROP IN

Triage

Follow Up with CBO at 30, 60, 90 Days/Document Welligent

Status Update to Referrent

CBO/Behavioral Health

Warm Transition to Provider

SLS at capacity/ Provide Interim Services

Notify Caregiver/ ROI

SLS Coordinator/ Call Center

Referral Out (Higher Level Care)

Crisis/ Immediate Response

Notes in Welligent within 5 days

Link to Service

Home Visit

Check Ins

Consults

Wellness Group

Calming Space

ASSESSMENT (CANS) (2-4 Sessions)

Non-Clinical & Drop In Support

Student Feedback Form

Consent/ROI

Care Plan

MUST BE SIGNED BY FULLY LICENSED ORP WORK FLOW

Status Update Provided to Referrent

Case Management

Groups (4-8 Sessions)

Individual Counseling (4-8 Sessions)

Provide Case Management

School Provider Group at School Site

CBO Group at School Site

School Provider Counseling

Attendance & Progress Notes in Welligent within 5 days

Evaluation (CANS)

Discharge

Status Update to Referrent

Monthly – Complete MBT Signatures Monthly (SPECIALIST ONLY)

KEY: Primary Role

CBO/Behavioral Health

Specialist/Liason

Specialist

Liason

Wellness Center Logistics

Student Visits:

Supporting students' time management during their Wellness Center visit is vital to the success and integrity of the Wellness Center. Most visits will last between 10-15 minutes. It is important to minimize a student's time out of class, reinforce their internal regulation by building a sense of time, and teach them to be as efficient as possible while using regulation skills. The team also wants to maximize the total number of Wellness Center visits each day, ensuring that each student has access to support when needed. While being mindful of these factors, Wellness Center staff should be sure to allow sufficient time during a student's visit to check-in and debrief.

Staffing:

Calming Spaces are operated by members of the Wellness Team. The makeup of the Wellness Team varies between school district and school sites. Given the variations in team structure, this will be site specific and could include both internal employees and external partners. There are a number of certificated staff that can support the Wellness Center; this includes social workers, psychologists, counselors, and nurses. The SCCOE staffing model consists of a minimum of two positions; the Wellness Center Liaison and the Mental Health School Wellness Specialist. Both of these positions are described in the key elements of this toolkit. An essential component of this model is the ability to have the Wellness Center remain consistently open during school hours. Depending on the makeup of staff and partnerships with CBOs, additional mental health support staff could be included in the staffing of the wellness center with the goal being a no wrong door policy to students receiving mental health and wellness support. Mental Health professionals are essential to the operation of a school Wellness Center. Duties may include:

- Implementing a Wellness Center schedule
- Triaging incoming referrals
- Assigning cases to other staff members
- Coordinating the implementation of groups facilitated by staff and community-based agencies
- Providing direct services, including counseling and group facilitation
- Providing crisis intervention and support
- Providing case management
- Providing professional development and training to staff, students, and the community

Operations Expectations:

Each Wellness Center should have clearly stated expectations visible and posted. These expectations should be positively stated, and address what students should do while in the center and how. Whenever possible, Wellness Center expectations should be aligned with school-wide expectations. Creating clear expectations regarding the Wellness Center and Calming Space is vital to its success. Ensuring that all staff and students have a clear understanding of these expectations will support maintaining the integrity of the space and its intentions. We recommend you consider creating specific expectations for the following:

Class Pass System

- A class pass system is developed for students who are seeking to gain access to the Wellness Center during class time in a non-emergency situation.
- The class pass system supports students safety, attendance, and accountability while using the center.
- While class is in session, a student is welcome to visit the wellness center when they have received a pass from their teacher allowing them to do so.
- A teacher has discretion when giving a student a pass to the wellness center.
- The pass should include:
    - Where the student is coming from.
    - The time the student left that location.
    - The destination of the Wellness Center should be clearly indicated.
    - Time the student arrived at the Wellness Center
    - Time student left the Wellness Center.
    - Location where student is reporting upon leaving the Wellness Center.
- Questions to consider:
    - Is there already a pass system that is in place in which the wellness center can be added?
    - Is it necessary to create a unique pass system that is specific to wellness center visits?

Drop In Visits

- Drop in visits are welcomed and encouraged throughout the school day when a student indicates they are in need of one, or a person identifies the student could benefit from visiting. A class pass is required during a drop in visit that occurs while a student is scheduled to be in class.

Scheduled Visits

- Students may have a variety of reasons for a scheduled visit to the wellness center including but not limited to individual therapy sessions, group therapy sessions, scheduled use of the calming space, etc. Students are welcome into the Wellness Center during scheduled visits with a required class pass.

Access During Class Time

- Students may access the Wellness Center during class time with permission from their teacher and by obtaining and presenting a class pass upon entering.

Access During Lunch Time

- Wellness centers are open for students during lunch time and a pass is not required to access the center.

Access Before and After School

- Wellness centers are open before and after school as transition times can often be challenging for students and may need the support of the wellness center during this time.
- Is it essential for the Wellness Center Leadership Team to determine the duration of time the center will be open before and after school and the requirements for access during these times.
    - Key Considerations:
        - The age of the student .
        - The mode of transportation for the student getting to and from school.
        - The expectation of the parent for where the student is immediately before and after school.
        - The intention of the center; it is not a before or after school program for childcare.

Access During Recess/Passing Periods/Breaks

- Wellness centers are open during recess, passing periods and breaks
- Class passes are not required during these times
- Key Considerations:
    - What is the length of the break time
    - What will the communication be to the teacher if the visit results in the student needed to stay in the center longer than the allotted break time

Duration of Calming Center Visit

- The recommended time for a visit to the Wellness Center is 10 - 15 minutes for students who do not have an appointment and are not in crisis. The goal is to be able to regulate and return to class.

Cell Phone Usage Policy

- It is the recommendation that cell phone use is not permitted in the Wellness Center in conjunction with the following considerations:
    - Protecting privacy of students who are using the space
    - Protecting privacy of student confidential information
    - Protecting privacy of confidential conversations held in the space
- While the use of cell phones is not suggested there can be opportunities for cell phone charging stations in the Wellness Center

Getting to and from center (elementary focus)

- While a pass system is recommended for all schools regardless of grade level, there is a need for extra consideration of how a student will access the wellness center and return to class when they are in the elementary school setting. Some key considerations for this are:
    - Will an adult be required to accompany a student to and from the wellness center. Who will this adult be?
    - If the intention is for a wellness center staff member to accompany a student to and from class, what is the impact that may have on the ability for the center to remain open at all times during the school day?

Food Policy

- A food policy should be established at a school site level
- Some key considerations are the following:
    - Cleanliness of the space
    - Aroma in the space as it related to wellness
    - Maintaining integrity of the space (wellness center vs. "hang out" spot)
- At many wellness centers there is an offering of individual snacks, tea, or hot chocolate as part of an opportunity for a student to regulate and come to a place of calm. Some key considerations of this offering are:
    - The safety of the students
    - Students finishing their beverage or snack while in the wellness center (expectations around not taking food or beverage items with them back to their class)
    - Replenishment of the items
    - Maintenance of the machine

Physical Environment

- Organization and Cleanliness
    - Wellness Centers should remain orderly, clean, free of clutter and inviting to all students that may access the space.
- Noise and Sound
    - Loud noises and sounds can be a distraction or solicit negative responses in students particularly those that are looking for a calm environment to regulate in. Noise and sound levels should be managed to maintain a safe and calm space.
- Lighting
    - Many times schools are equipped with fluorescent lighting. This particular lighting may not be the most conducive to creating a feeling of wellness and can be balanced with full spectrum lighting. Ideally there would be an opportunity to control the level of lighting with the ability to dim lights or turn them off and use alternate lighting sources.

- Calming Space/Stations
  - Calming spaces or stations are an essential part of Wellness Centers and accessible to all students with the intention of providing a variety of tools to support the development of self-regulation skills. Each station should have clear and concise expectations along with the purpose of the station. It is highly recommended that a menu of sensory stations are provided to students as well as posted within the wellness center. Some key areas of consideration for creating sensory stations include but are not limited to:
    - Listening Stations
      - Headphones
      - White noise
      - Calming music
      - Audio books
      - Podcasts
    - Tactile Stations
      - Age appropriate coloring books
      - Art supplies
      - Kinetic Sand
      - Puzzles
      - Fidgets
      - Manipulatives
    - Physical Movement
      - Stretching Tutorial (virtual or printed)
      - Yoga mats
      - Meditation Apps

Crisis Response Team

A critical component to an effective Wellness Center model is to ensure that there is a crisis response team and protocol in place. Students may come into the wellness center as a first point of contact and are in need of an immediate crisis response. Key considerations regarding this include:

- Is there already a crisis response protocol in place?
- Are all invested and pertinent parties aware of the protocol?
- Is there a crisis response team in place?
- What is each person's role on the team?

Electronic Health Record

Electronic health records (EHRs) allow for critical and confidential information to be stored in one central location. EHRs also allow us to prepare for and set up necessary requirements to begin medi-cal and commercial billing for students receiving mental health and wellness support in 2024.

Youth Advisory Council

Essential to a Wellness Center's success is youth voice and advocacy. As part of the SCCOE model we recommend that every school has its own Youth Advisory Council. These councils are comprised of a group of students with diverse backgrounds and strengths that represent the community that they serve. This council should be considered a decision making body and have direct input on wellness programs throughout the school in addition to the Wellness Center itself. The youth voice should be at the center of all decisions.

SECTION SIX: IMPLEMENTATION

Wellness Center Roll Out Plan

The roll out plan is a key component to the implementation of a successful Wellness Center. After your pre-implementation meetings, planning and decisions have been made with the leadership team and mental health and wellness team, it's time to roll this out to the community at large including staff, students, and families. Ensuring you have timely and effective communication around the expectations of the center, what it is, what it is not, how students will use the center for support, etc. will support the transition into opening the center. Some examples of different opportunities you can leverage as part of your roll out plan include:

- **Staff Rollout**
  - Staff meetings
  - Staff tours of the wellness center
  - Wellness goody bags
  - Videos/Presentations from the mental health and wellness team
  - Monthly Wellness Tips/Focus
  - Staggering supports that are offered in the center
- **Student Rollout**
  - Wellness week
  - Classroom Tours
  - Existing positive discipline language, reward systems, etc.
  - Mental health and wellness team visibility on playground, hallways, quad areas during lunch/recess/passing periods/breaks
  - Video presentations from mental health and wellness teams to be played in classrooms
  - Monthly mental health themes/focus
  - Daily mindful moments
  - Staggered tier supports
- **Families**
  - Back to school events
  - Family nights
  - Email correspondence
  - Caregiver/Teacher conferences
  - Newsletters
  - Video Presentations

Professional Development

One of the goals of the wellness center is to begin to support opportunities across the school as it relates to mental health and wellness with the idea that wellness does not solely happen in the wellness center, but rather is integrated into all parts of the school. Some key considerations when thinking about professional development are:

- What mental health and wellness professional development is written into the school strategic plan or Local Control Accountability Plan (LCAP) that supports:
  - Tier 1 mental health and wellness opportunities for the school
  - Social Emotional Learning
  - Adult Well-being
  - Professional Development for the Mental Health and Wellness team

Funding

Sustainability of the Wellness Centers is a key component to success. When creating a funding plan for sustainability here are some key considerations:

- Blending, braiding, and layering of one time dollars received from the state or other agencies
- Blending, braining and layering of grant opportunities coming out from the state or other agencies
- Accounting for mental health and wellness supports in your LCAP
- Creating a plan to utilize the upcoming 2024 commercial billing opportunities to generate revenue

Evaluation and Data Collection

Ongoing evaluation and data collection will help to strengthen the Wellness Centers and allow you to know if it is meeting its intended purpose. Santa Clara County collects data at all 3 levels of service. Below are some examples:

- **Tier 1**
  - Calming space survey (see example in resource section)
  - Climate Surveys
- **Tier 2**
  - Intake assessments
  - Pre/Post group assessments
- **Tier 3**
  - Intake assessments
  - Termination data
  - Strengths and Difficulties Questionnaire (SDQ)
  - Child and Adolescent Needs and Strengths (CANS) assessment

SECTION SEVEN: RESOURCES

- Virtual Calming Spaces
- Calming Space Survey
- Wellness Center Liaison Job Description
- Mental Health School Wellness Specialists Job Description
- Example: Wellness Center Supply Kit
  - Start Up Toolkit
  - Book List
  - Furniture
- Implementation Meeting Slide Deck
- COST Team Presentation
- Referral Process Map
  - Example 1
  - Example 2
  - Example 3
- Wellness Center Implementation Scope and Sequence
- Mental Health Integration through an Interconnected Systems Framework
- PBIS: Mental Health/Social-Emotional-Behavioral Well-Being
- MHTTC: Interconnected Systems Framework Webinar Series
- Key Elements of School Based Wellness Centers
- COST Team Presentation
- How We Show Up: Compassionate Systems Leadership
- Compassionate Systems
- Existing Teaming Structures
- Calming Space Visuals
  - Do you have a pass?
  - Wellness Agreements
  - Meet the staff

Corrine Frese, Director II – Technical Assistance and Supports, Youth Health & Wellness Department, Santa Clara County Office of Education

Amanda Dickey, Esq., Executive Director of Government Relations, Santa Clara County Office of Education

Carolyn Gray, Government Relations, Santa Clara County Office of Education

Dr. Chauise Powell, LCSW, PPS, CWA, Executive Director, Youth Health & Wellness Department, Santa Clara County Office of Education

Dr. Freda Rossi, Director II – Wellness Programs, Youth Health & Wellness Department, Santa Clara County Office of Education

Krisan Meyer, Coordinator – Social Emotional Wellness. Youth Health & Wellness Department, Santa Clara County Office of Education

Katherine Kitzi Hendricks - Mental Health School Wellness Specialist

Alameda County Center for Healthy School and Communities

Susan Barrett – Interconnected Systems

Alex Briscoe

For more information and questions please contact us at youthhealthwellness@sccoe.org.

Santa Clara County for School Wellness Centers

An Introduction to the Wellness Center Model

1290 Ridder Park Drive, San Jose, CA 95131

www.sccoe.org