STAYING IN THE MOMENT: HOW SCHOOLS ARE SUPPORTING MENTAL HEALTH AS STUDENTS RETURN TO IN-PERSON LEARNING

EDUCATION AND WORKFORCE COMMITTEE
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INTRODUCTION

‘A new normal’ has become a common phrase during the pandemic: a subtle reminder that we have not returned to the way things were. We might be able to go to our favorite restaurant, but we order to-go and enter wearing masks. We might be able to see our friends, but we do so outside on a quick walk around the neighborhood. All the adjustments that come along with this new normal are necessary and needed, so we may overcome the disease. In many cases, our new normal is slightly diminished compared to the daily lives we led before the pandemic.

For mental health supports in schools, this is also a new normal. It is a new normal that has brought hope for improving the lives of youth beyond just this moment. For schools, two-generational waves are cresting as many students return to in-person learning in the fall. The first wave is an overwhelming recognition of the importance of meeting the mental health needs of students. The second wave is a dramatic increase in funding. Schools have greater awareness and the resources to better support youth mental health and provide them with the needed supports. It is a historic moment, a moment that will hopefully provide our future workforce a quality, well-rounded education that includes social-emotional wellbeing.

Schools are often on the front lines when it comes to responding to acute mental health needs. According to The National Alliance on Mental Illness (NAMI), youth and families are about as likely to seek mental health services through the school system as they are through other routes. We know that California’s most recent budget invests $1.1 billion into additional support staff and specifically calls out the need to use this money towards mental health professionals including “the number of certificated and classified staff on their campuses, including school counselors, nurses, teachers, paraprofessionals, custodial staff, and other student support providers. Within the governor’s budget, there are also upwards of $3 billion over the next three years targeted at overhauling California’s behavioral Health System where all youth are “routinely screened, supported, and served” with a focus on preventative measures. A good portion of those funds will be focused on providing more comprehensive services at schools.

How this money shows up on school campuses to support the mental health needs of students during this moment and long-term remains an open question. Our report aims at laying out how Bay Area schools are planning to implement practices to support our students and families today and highlight the need for sustainable funding to support students beyond this moment.
ABSTRACT

Youth mental health has become an added focus for many during the pandemic, with schools now receiving additional funding to create a more preventative system to support the mental health needs of students. This report focuses on the active steps schools are taking to support the mental health needs of students as they return to in-person learning in the fall. We present seven practices identified through conversations with youth mental health professionals and school officials in and around Silicon Valley. These professionals and school officials currently support the future workforce of the region. We hope this serves as a starting point for a conversation around what quality mental health support looks like, as well as identifying shifts in how schools allocate the increase in state funding intended to support students’ mental health needs.

As a results-oriented organization focused on cultivating a well-prepared, diverse innovation-economy workforce, this report intends to prompt public and private sector stakeholders to think creatively about supporting mental health on school campuses.

AUDIENCE

This report is geared towards members of the Silicon Valley Leadership Group with interest in how an increase in public funding shows up in real, tangible programs. We also hope it will provide value to education leaders and elected officials looking to review and replicate best practices in the field.
METHODS

THIS PROJECT WAS COMPLETED IN 3 STEPS.

1. A literature review of what quality support for student mental health looks like in schools, with a special focus on students returning to in-person learning.

2. Interviews with mental health experts and practitioners.

3. Interviews with school districts and school leaders around what supports are being implemented across Silicon Valley as students return to physical campuses.

We contacted 21 individuals and organizations for interviews, encompassing a large swath of school districts and charter school networks across Silicon Valley. In total, we interviewed 17 people, including 5 experts and 12 school officials. For each interview, we created a transcript. We used the information from these interviews to compile a list of best practices in the field and how these practices are being implemented at the school level to meet the needs of students, families, and school staff. A list of people and organizations who were reached out to for this report is included in Appendix C. We know this was a busy time of year and we hope to continue to include the work school leaders are doing to support student mental health in the future as this project continues. Thank you to the people and organizations who gave their time and expertise to this report.

Finally, this is not a comprehensive list or an exhaustive review of the literature. There are certainly many quality supports, programs, and practices across California and the country that this report could not completely capture. This is an attempt to highlight a few ways in which experts and practitioners are implementing quality mental health support to meet the needs of Bay Area students during the pandemic and beyond. There is a myriad of amazing programs, policies, and practices across school districts that could not be adequately explained through one conversation. We aim to use this project as an opening conversation, and as a tool for practitioners who want to incorporate mindfulness, social-emotional learning, and other mental health supports into their programming. This project also serves to understand how federal and state funds are being allocated to support students’ mental health.
7 PRACTICES TO SUPPORT STUDENT MENTAL HEALTH

1. Provide consistent space to talk about mental health, with a special focus on how people have built resilience and coped during the COVID-19 pandemic. Space needs to be made for conversations around mental health for student-to-student, student-to-adult, and adult-to-adult interactions.

2. Develop a mentor network that connects students to adults and streamlines communication from school to the family. This includes intentionally assigning a small number of students (3-8) with each adult on campus, so there is a direct point of contact for each family, and a manageable number of students per adult.

3. Quality professional development for teachers and staff in two areas:
   - Supporting student mental health including trauma-informed pedagogy, how to utilize mental health services on campus, restorative justice, and culturally responsive teaching practices.
   - Supporting teachers’ mental health needs including identifying and understanding second-hand trauma, burnout, and vicarious trauma. Additionally, creating opportunities for staff to be proactive about their mental health, and easily connect to additional support if needed.

4. Integrate Social-Emotional Learning (SEL) in all aspects of the school day. This includes two main components:
   - Make explicit the mental wellness benefits and social-emotional learning of extracurricular activities.
   - Embed SEL in all aspects of the academic curriculum.

5. A comprehensive mental health and well-being screening to support all children providing early detection of a student’s mental health needs and strengths.

6. A 3-tiered approach like the multi-tiered support system implemented for academics. This includes adequate whole school, whole child support, appropriate and substantial staff for tier-2 support, and the experts and resources to be able to refer and support students and families to tier-3 support.

7. Include multiple stakeholders in designing and evaluating mental health and wellness programs on school campuses. This includes multiple stakeholders and allows families and youth to co-design and have an equal voice to effectively communicate needs and wants.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 1:
Provide consistent space to talk about mental health, with a special focus on how people have built resilience and coped during the COVID-19 pandemic. Space needs to be made for conversations around mental health for student-to-student, student-to-adult, and adult-to-adult interactions.

WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT
Simply put, it breaks down the stigma. It shows that even people who externally might seem like their lives are great - such as school staff, the student body president, or the talented singer in the choir, might also struggle with their mental health. As Dr. Shashank Joshi from Stanford University puts it, “By sharing stories, and narratives, the positive stories [of seeking help], have been shown in the scientific literature to be helpful. Not only does this help to decrease the stigma and get the conversation going, but it helps people to feel like it’s okay to come forward and ask for help, because mental health is a part of overall health.”

WHAT THIS LOOKS LIKE IN PRACTICE

GUNN HIGH SCHOOL
PALO ALTO, CA
(PRE-PANDEMIC SUPPORT)
The Gunn High School newspaper is used as a tool to talk about mental health. Writers interview well-known people around campus: the student body president, leaders, and captains of the sports teams to share their journeys with mental health - both the struggles and triumphs. This allows the broader student population to learn their classmates’ and teachers’ stories around mental health. This in turn aids to diminish the stigma and lack of conversations around mental health and wellness.

ROCKETSHIP FUERZA COMMUNITY PREP
SAN JOSE, CA
(VIRTUAL LEARNING ADAPTATION SUPPORT)
During the pandemic, Lisa Riggs (Mental Health Provider at Rocketship), and staff began meeting with families for monthly workshops around the needs they had related to their students and supporting their mental health. The topics of these monthly workshops were organically sourced from families based on what they described to be their needs. Workshops allowed parents to learn about and share ways to best to support their students and families during this time. Topics included mental health during the holidays, and the limited ability to travel during the pandemic. These connections between adults around mental health served two purposes: to inform families on mental health and to reduce the stigma by providing a safe place for families to share concerns. Workshops were hosted via Zoom and consisted of a short presentation followed by an open forum for families to talk share the struggles or triumphs they or their child were experiencing.
WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

Providing an explicit mentoring network on school campuses has two main effects. First, it provides a direct caring adult relationship with a student. According to a recent report, students who have a quality mentor on campus “are more likely to pass their classes, earn more credits, and earn a higher GPA.” This leads students to be 15% more likely to attend college and complete at least a year of high education.4

It also helps to ease anxiety for a family as students return to in-person learning. Dr. Steven Adelsheim from Stanford University stresses the importance of understanding the anxiety families might have as students return to school campuses. He fears that “communication with families and the stresses they’re under as their kids come back to school will be lost.” He sees it just as important “to check in with family members and parents as it will be to check in with their kids in terms of building support.” On-campus mentors are an added layer of support for students and a direct point of contact for families who may also need additional support during this time.

WHAT THIS LOOKS LIKE IN PRACTICE

EAST SIDE UNION HIGH SCHOOL DISTRICT (ESUHSD) EAST SAN JOSE, CA (EXPANSION OF PRE-PANDEMIC SUPPORT)

ESUHSD has proactively expanded empowerment groups to connect students to peers and staff support. Some empowerment groups are centered around direct mental health needs such as anxiety or stress. They can also be geared towards affinity groups such as an LGBTQ empowerment group. With additional funding and greater awareness around the benefits these groups provide to students. East Side Union is expanding the number of groups they have on campus and listening directly to students to identify the types of empowerment and resource groups needed.
Develop a mentor network that connects students to adults and streamlines communication from school to the family. This includes intentionally assigning a small number of students (3-8) with each adult on campus, so there is a direct point of contact for each family, and a manageable number of students per adult.

During the pandemic, San Jose Unified aimed to make sure communication with families was done in more ways than just the traditional flyers and robocalls. They made warm phone calls to every family that might have been having difficulty logging into virtual learning, in the students’ home language. They used all staff from the superintendent to school bus drivers to reach out to families, hear their needs, and make sure they were able to meet the needs of families and students during a difficult time. They are continuing this all-hands-on-deck approach as schools shift to in-person learning. The district is continuing to target families who might have struggled to be in virtual classrooms to make sure their needs and concerns are being heard and addressed, so they can show up ready for in-person learning. Through these conversations, they are also able to shift counselors to work with families and connect to additional external resources if needed. Direct check-ins with families help ease the anxiety of returning to in-person learning for the families and students and build relationships centered on trust. The nearly 10,000 calls made helped to reconnect families and offer supports that might have gone unused if not for the direct contact established.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 3:
Quality professional development for teachers and staff in two areas:

- Supporting student mental health including trauma-informed pedagogy, how to utilize mental health services on campus, restorative justice, and culturally responsive teaching practices.

- Supporting teachers' mental health needs including identifying and understanding second-hand trauma, burnout, and vicarious trauma. Additionally, creating opportunities for staff to be proactive about their mental health, and easily connect to additional support if needed.

WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

A recent report from the Policy Analysis for California Education (PACE), in collaboration with many organizations across California, mentions the need to train staff on trauma-informed teaching practices and how to support the needs of youth. These trainings should be an essential focus for teachers to make sure schools can restart "with equity at the center." Denise Williams of Silicon Valley Education Foundation talks about the importance of teachers being not only well-informed and prepared for supporting youth mental health at the classroom level, but also being encouraged to "match their personality to what they have to do in their classroom." She speaks of the importance of allowing teachers the ability to "speak their truth" during these training sessions and share what is working and not working.

During the interview process, there is a familiar refrain of what school officials must be able to do: "[they] must put on their oxygen masks first before they help someone else." However, for educators, these words often are not backed with actions. Teachers may lack the resources, voice, and time to truly care for themselves, and are often put in positions that put their well-being at odds with the well-being of the people around them. Experts are now focused on ways school staff can be more supported in their own mental health needs. This includes both classroom teachers and non-certificated school staff, who get to know and care for students and families. As Dr. Joshi mentions, a poor response to this moment would be forgetting about how teachers, staff, and administrators have also had to live out their struggles and challenges during the pandemic. Educators also need space and resources to meet their needs.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

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WHAT THIS LOOKS LIKE IN PRACTICE

ACE CHARTER HIGH SCHOOL
SAN JOSE, CA
(NEW EXPLICIT FOCUS OF A PRE-PANDEMIC PROGRAM AS STUDENTS RETURN)

Many schools are centering their return to school plans on relationship building between school staff and students. The leadership at ACE Charter High School keeps in touch with recent graduates and hears a familiar refrain from their alumni: the importance of the relationships they were able to develop with school staff. They see the ability to develop strong relationships between students and staff as a difference-maker in providing quality education and have made it a special focus as students return to campus. Most of their professional development to prepare teachers for the new school year is centered on how to explicitly develop a positive classroom culture and build strong relationships. This includes developing a program where the school is split into Houses (think Harry Potter), which creates special activities and tasks each house can do to earn points. The first day of their summer bridge program included a sorting ceremony into houses and space for the houses to exchange contact information, talk with students about who to talk to if they need help and support, and an opportunity to start off the school year by building community. Teachers have been encouraged by the administration to spend the beginning of the school year with relationship building as the main focus.

EAST SIDE UNION HIGH SCHOOL DISTRICT
EAST SAN JOSE, CA
(NEW FOCUS AS STUDENTS RETURN)

During teachers’ return to school professional development, teachers were trained by experts around compassion fatigue and other common mental health needs for teachers. They also focused on giving teachers tools to support their well-being, including conversations on mindfulness and healing as they too cope with trauma in their own lives. Additionally, Care Solace has been brought in by the district to not only aid students in finding the right mental health supports for students, but also to help teachers and staff navigate the mental health system.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 4:
Integrate Social-Emotional Learning (SEL) in all aspects of the school day. This includes two main components:
- Make explicit the mental wellness benefits and social-emotional learning of extracurricular activities.
- Embed SEL in all aspects of the academic curriculum.

WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

One of the biggest observations during the pandemic is how much the little things in life mean throughout the day. For a child, this is no different. As Dr. Joshi describes, "we learned in the pandemic, that mental health happens from everyday activities from connection with your friends and your peers, having lunch together, having a crush on someone and being able to see them in the hall, connecting with teachers and trusted adults playing sports, playing in the band, doing theater, after school clubs - all these little things that we don't necessarily consider. Something we realize now with this anticipation to be back [in school] is that they're so important. These little moments of well-being that we've taken for granted are a part of overall mental health."

When in the classroom, social-emotional learning needs to be in all aspects of quality instruction, not an occasional lesson outside of the core curriculum. Speaking from her experience as a classroom teacher and administrator, Denise Williams talks about how SEL has to “be weaved into daily lessons. And there's a lot of curricula out there and there's a lot of teachers who are good at it. A lot of the new publishing materials all have an SEL piece neatly wedged into the curriculum, so you can hit on it. Because it makes for a better transition if you can weave it into your daily practices.”
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 4:
Integrate Social-Emotional Learning (SEL) in all aspects of the school day. This includes two main components:
- Make explicit the mental wellness benefits and social-emotional learning of extracurricular activities.
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WHAT THIS LOOKS LIKE IN PRACTICE

ACE CHARTER HIGH SCHOOL
SAN JOSE, CA (EXPANSION OF PRE-PANDEMIC SUPPORT)

At ACE Charter High School, they have had a seminar period embedded into their schedule aimed at providing social-emotional learning and support for students in learning the skills needed to be successful in college. Because of the Pandemic, they have looked at data related to how their students persist to and through college and used this information to adjust their advisory period. They realized they needed to better align the conversations they were having from 5th-12th grade, expand the seminar’s period time in the bell schedule, and make sure students are effectively setting social-emotional goals in concert with their academic goals that they can reflect on throughout the school day.

SUNRISE MIDDLE SCHOOL
SAN JOSE, CA (PRE-PANDEMIC SUPPORT AND EXPANSION DURING THE PANDEMIC AND RETURN TO IN-PERSON LEARNING)

Sunrise Middle School has always had robust mindfulness and social-emotional curriculum geared to helping students build resilience. During the pandemic, they moved to daily mindfulness sessions for virtual learning. They realized that some students who were not regularly showing up for their online classes would show up daily to mindfulness lessons. As they return to in-person learning, they will continue to prioritize daily mindfulness time in their schedule. Something that would happen before the pandemic a couple of times a week will now happen daily for every child on campus. They are also strategically implementing ways to make sure mindfulness is embedded into academic time throughout the school day. Because of the expansion of funds schools are receiving this school year, they were able to expand their social-emotional time and dedicate more staff to better support student needs.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 5:
A comprehensive mental health and well-being screening to support all children providing early detection of a student’s mental health needs and strengths.

WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

According to The Substance Abuse and Mental Health Association (SAMSHA), more students need mental health support services than the number of students who are flagged by school staff on campus. An easy, universal screening can help to identify early what supports youth might need on campus before a mental health need becomes overwhelming for a child. This may help prevent the need for more intensive and expensive services later in a student’s life reducing health care costs for both the person and the employer.  

WHAT THIS LOOKS LIKE IN PRACTICE

FRANKLIN-MCKINLEY SCHOOL DISTRICT WITH HEALTHIER KIDS FOUNDATION SAN JOSE, CA (DURING THE PANDEMIC SUPPORT, EXPANDING FOR IN-PERSON RETURN)

Universal screenings for mental health can be a difficult additional lift for a school site or school district to schedule. Schools already implement physical screenings for dental, vision, hearing, and a multitude of academic benchmark tests. Healthier Kids Foundation, in partnership with The Franklin-McKinley School District, has piloted a program for 5th graders during the 2020-2021 school year that embedded a mental health screening into the regular 5th-grade vision and hearing physical health screening to save time and resources in an already jam-packed school year. The session takes about 10 minutes for each student and includes a physician, school mental health staff, and a Healthier Kids Staff member. After each screening, the data collected is used to determine if the student has any unmet needs. During the pilot program, Healthier Kids Foundation found 42% of students had unmet needs. Using the information collected, they can then work with the family and the school to find what additional support might be offered to make sure every student is able to be successful on the school campus.
WHAT THIS LOOKS LIKE IN PRACTICE (CONTINUED)

SAN JOSE UNIFIED SCHOOL DISTRICT
SAN JOSE, CA
(DURING VIRTUAL LEARNING SUPPORT)

During the pandemic, San Jose Unified School District sent out a strengths and weaknesses survey to all families. They were able to use this data to identify the students who might have a mental health or other important need that may inhibit the child’s ability to learn. The district connected families who were identified as needing additional support to the people and resources they had available. As students return to in-person classrooms, San Jose Unified plans to use this data to directly reach out to families as they return to make sure their needs are being met and receiving support for any additional needs that might have come up during COVID. They plan on using this survey more frequently and strategically with the shift back to physical campuses. They will implement the survey multiple times throughout the year and use this data to adjust staff job descriptions and to target specific schools with additional support to make sure the needs of the families and students are being addressed in real-time.
WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

A quality multi-tiered support system, like what traditionally takes place in academics, is at the core of quality support of student mental health. Schools need to implement proactive measures that encompass every child and allow them to tap into basic systems of support and mental wellness. These include social-emotional learning, mentors, quality teacher relationships, tools to build awareness around mental health, and screening processes to support greater needs. This is often titled tier-1 support.

The tier-2 space then becomes the opportunity for mental health professionals on campus to use their expertise to support youth who might need a little more support and detect early possible mental health needs. This includes ample staff to provide adequate support for youth, staff centered on campus who are familiar with youth, and clear communication with families about these supports. Jimmie Brown, a Mental Health Counselor in the Oak Grove School District describes tier-2 support as first creating a space where the student and family can see themselves. This means allowing the student “to be themselves and who they are in their ethnicity, in their culture. Let them share that, and lean into it, and appreciate them and value them for who they are and what they add to the school culture.” It also includes hiring mental health support staff that reflects the community being served.

Finally, tier-3 supports center around crisis response and supporting youth with more acute needs. It requires relentless connections between school staff, care providers, and organizations that link families to the right mental health support. This is not a science, but an art. Dr. Joshi talks about supporting families in “navigating the very complicated broken mental health system. How do they find a therapist? How do they find a psychiatrist?”. Laura Clendaniel from Healthier Kids Foundation describes quality tier-3 support as “working one-on-one with parents to make sure they understand the [need]. The [family] can find a provider that's near their home, speaks their language, accepts their insurance, and then they feel comfortable going to the provider.” Ultimately, the family must be allowed to voice their needs and see themselves in all aspects of the multi-tiered support system.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 6: A 3-tiered approach like the multi-tiered support system implemented for academics. This includes adequate whole school, whole child support, appropriate and substantial staff for tier-2 support, and the experts and resources to be able to refer and support students and families to tier-3 support.

WHAT THIS LOOKS LIKE IN PRACTICE

SANTA CLARA UNIFIED SCHOOL DISTRICT
SANTA CLARA, CA
(PRE-PANDEMIC SUPPORT EXPANDING DURING THE PANDEMIC)

For Santa Clara Unified, wellness centers at their high schools have been essential to making sure the needs of all their students are met. The wellness center puts dedicated mental health staff at each school such as: a wellness coordinator, counseling associates (often undergraduate and graduate-level interns seeking licensure), and wellness outreach workers. The wellness staff pushes out into classrooms for tier-1 support related to social-emotional lessons and awareness programs. It also works with teachers around supporting professional development and classroom needs related to mental health. Staff provides tier-2 support by working with students in small group settings and providing a convenient and easily accessible place for a student to drop into on campus free of judgement. The staff is also trained to support tier-3 needs and efficiently connect students and families to outside resources. Since wellness centers have been implemented in Santa Clara, they have discovered best practices that include making sure the wellness center collaborates and communicates across the school campus. This includes using the wellness outreach worker to coordinate efforts across campus and communicate across departments to prevent duplication of services, to better enhance resources. It also means thinking through issues of confidentiality and how to best capture data to improve the wellness center. Stakeholders must be included in these discussions to figure out the best way to communicate the successes and needs of the Wellness Center without breaching families’ confidentiality and trust.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

A 3-tiered approach like the multi-tiered support system implemented for academics. This includes adequate whole school, whole child support, appropriate and substantial staff for tier-2 support, and the experts and resources to be able to refer and support students and families to tier-3 support.

WHAT THIS LOOKS LIKE IN PRACTICE (CONTINUED)

RAVENSWOOD CITY SCHOOL DISTRICT
E. PALO ALTO, CA
(PRE-PANDEMIC SUPPORT ADAPTING DURING THE PANDEMIC)

Ravenswood has built a strong network of both in-house mental health counselors and external partners to meet the needs of their students. Before the pandemic mental health was always a main priority for the district. This is reflected in the importance they place in the number of direct mental health staff on campus. Each elementary school has a full-time counselor, and each middle school has 3 counselors to meet the needs of students. They have also heavily invested in external partners who help link families with tier-3 supports, and staff professional development. During the most recent professional development in preparation for students’ return to campus, they focused their teachers on developing a Community Resilience Model (CRM). The series of CRM trainings, along with relationship-building trainings led by external partners, are helping teachers develop skills in being trauma-informed to better serve students. The trainings also provide the added benefit of giving teachers the tools to take care of themselves. The enhancements to teacher professional development, and the collaboration with external partners, have helped strengthen an already robust multi-tiered support system for students.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 7:
Include multiple stakeholders in designing and evaluating mental health and wellness programs on school campuses. This includes multiple stakeholders and allows families and youth to co-design and have an equal voice to effectively communicate needs and wants.

WHAT THE EXPERTS ARE SAYING ABOUT WHY THIS IS IMPORTANT

The same PACE report mentioned above specifically outlines what an evaluation team should look like, stating, “this team should represent academic, mental and behavioral health, student services, data analysis, human resources, and family engagement experts as well as a broader group of stakeholders, including underrepresented students, family members and caregivers of color, educators, labor representatives, and community partners.” This design and evaluation work must keep in mind the important role families - especially those from historically marginalized communities- play in this work. Schools must create a space where the voices of families and students are heard and given equitable ability to make decisions. As laid out in the PACE report, evaluation of mental health supports and making these supports accessible to all must include elements like “developing a culture of trust among leaders and stakeholders by increasing transparency, sharing information, supporting increased stakeholder voice in two-way communication, honestly seeking feedback, and demonstrating responsiveness” are essential in this work.7

WHAT THIS LOOKS LIKE IN PRACTICE

MOUNTAIN VIEW
WHISMAN SCHOOL DISTRICT
MOUNTAIN VIEW, CA
(DURING REMOTE LEARNING AND CONTINUING INTO IN-PERSON LEARNING)

Mountain View Whisman has two schools that are co-located, and they have used the proximity of the schools’ campuses to bring the families together. During the pandemic, the PTAs at both schools put together a Community Support Committee aimed at making sure the needs of both schools’ families were being met during the uncertainties of the pandemic. Through the bridged network created across the two schools, they were able to amplify the needs of the community and provide additional resources, including fundraising for needed resources such as food pantries and school supplies. The parent group also strategically made sure every family member had the tools and ability to activate their power to advocate for their child regardless of the family’s economic status or primary language. This has led to an increase in the presence of Spanish-speaking families at board meetings. The resource group can be credited with helping parents develop their leadership to better navigate the system and effectively advocate for their families.
7 MENTAL HEALTH PRACTICES AND HOW THEY ARE SHOWING UP IN SCHOOLS

Practice 7:
Include multiple stakeholders in designing and evaluating mental health and wellness programs on school campuses. This includes multiple stakeholders and allows families and youth to co-design and have an equal voice to effectively communicate needs and wants.

WHAT THIS LOOKS LIKE IN PRACTICE (CONTINUED)

Oak Grove School District puts a premium on securing mental health staff and interns who reflect the community. They ensure all communication channels are presented in the home language of the family, recognizing that effective translation and bridging the communication divide is just the beginning. Counselors and interns are trained in how to advocate for their families and listen to their needs. They do not try to push resources or external health providers, but rather start with understanding the family, where they are coming from, and later provide information on the therapy process and possible resources. Staff is also taught to advocate on behalf of the family to amplify their voices. One way this shows up is by having the families and students co-design physical spaces where mental health resources are being offered on campus. This way students and their families can see themselves in the process and receiving services needed. Ultimately, Oak Grove mental health counselors want the students they work with to have the support they need so they can be academically successful. With effective communication with the family, everyone involved can understand the importance of mental health support when building the foundation for academic success.
APPENDIX A: WORK CITED


APPENDIX A: WORK CITED

ADDITIONAL RESOURCES THAT SUPPORTED THIS WORK

1. Community Resiliency Model (CRM)  
   https://www.traumaresourceinstitute.com/crm
4. Santa Clara County Schools as Centers of Wellness  
5. Allcove: Student Co-Created Mental Health Space  https://allcove.org/
APPENDIX B

LIST OF SUPPORTS AND PRACTICES IDENTIFIED IN THIS REPORT

Practice 1:
Provide consistent space to talk about mental health, with a special focus on how people have built resilience and coped during the COVID-19 pandemic. Space needs to be made for conversations around mental health for student-to-student, student-to-adult, and adult-to-adult interactions.

Examples:
- **Rocketship Charter Schools**: Family meetings around mental health
- **East Side Union**: Empowerment groups designed to build community and connect youth to a support network
- **Gunn High School**: School newspaper with interviews of people around campus about their mental health
- **Mountain View Whisman**: Parent support network and WhatsApp group
- **Sunrise Middle School**: Consistent and proactive restorative justice practices that give students the voice to speak their needs. Allows students and staff to talk through what they are experiencing in their own lives and build community and resilience.
- **Santa Clara Unified**: Wellness centers that provide a designated place on campus for students to come and talk about their well-being.

Practice 2:
Develop a mentor network that connects students to adults and streamlines communication from school to the family. This includes intentionally assigning a small number of students (3-8) with each adult on campus, so there is a direct point of contact for each family, and a manageable number of students per adult.

Examples:
- **East Palo Alto Academy**: Calling/home visits for each family before the beginning of school
- **East Side Union**: Empowerment groups
- **ACE Charter High School**: House program designed to formalize positive incentives and connect adults on campus as mentors in addition to their academic responsibilities
- **San Jose Unified**: Calling families, especially those who had difficulty with virtual learning to welcome them and hear about what needs they might have
APPENDIX B

LIST OF SUPPORTS AND PRACTICES IDENTIFIED IN THIS REPORT

Practice 1:
Ravenswood City Schools: Community Resilience Model Training to develop a positive framework for adults to use for themselves and with their students related to building resilience
Rocketship Schools: Beginning school year PD around trauma-informed teaching practices and strategies
ACE Charter Schools: Began their school year professional development with an extra focus on relationship building and how to build a connection with youth

Examples:
- Ravenswood City Schools: Community Resilience Model Training to develop a positive framework for adults to use for themselves and with their students related to building resilience
- Rocketship Schools: Beginning school year PD around trauma-informed teaching practices and strategies
- ACE Charter Schools: Began their school year professional development with an extra focus on relationship building and how to build a connection with youth

Practice 2:
Supporting student mental health including trauma-informed pedagogy, how to utilize mental health services on campus, restorative justice, and culturally responsive teaching practices.

Supporting teachers’ mental health needs including identifying and understanding second-hand trauma, burnout, and vicarious trauma. Additionally, creating opportunities for staff to be proactive about their mental health, and easily connect to additional support if needed.

Practice 3:
Quality professional development for teachers and staff in two areas:
- Supporting student mental health including trauma-informed pedagogy, how to utilize mental health services on campus, restorative justice, and culturally responsive teaching practices.
- Supporting teachers’ mental health needs including identifying and understanding second-hand trauma, burnout, and vicarious trauma. Additionally, creating opportunities for staff to be proactive about their mental health, and easily connect to additional support if needed.
**APPENDIX B**

**LIST OF SUPPORTS AND PRACTICES IDENTIFIED IN THIS REPORT**

**Practice 4:**
Integrate Social-Emotional Learning (SEL) in all aspects of the school day. This includes two main components:
- Make explicit the mental wellness benefits and social-emotional learning of extracurricular activities.
- Embed SEL in all aspects of the academic curriculum.

Examples:
- **Sunrise Middle School:** Developing school language around mindfulness practices and embedding them throughout the day to give students resources and tools to build resilience and self-awareness.
- **East Side Union:** Explicitly targeting extracurricular programs to add for this school year to give students an added space to build resilience beyond traditional therapy and proactively through additional sports and recreational activities.
- **Rocketship Charter Schools:** Developing an in-house Social-Emotional Learning curriculum that is adapted to meet the needs of each grade level and tied directly to building positive school culture. Expanding the amount of time focused on SEL during the school day.
- **Mountain View Whisman:** Making minimum days more explicitly geared towards social-emotional learning and using this day for student-organized clubs to meet
APPENDIX B

LIST OF SUPPORTS AND PRACTICES IDENTIFIED IN THIS REPORT

Practice 5:
A comprehensive mental health and well-being screening to support all children providing early detection of a student’s mental health needs and strengths.

Examples:
- **Healthier Kids Foundation**: Tying mental health screenings with already existing physical screenings
- **Rocketship Charter Schools**: Monitoring students’ social-emotional learning growth 3 times a year with a short teacher screening and using this data to refer students for tier-2 supports, if needed
- **East Side Union**: A screening for students who have been referred to tier-2 supports to help identify overall trends of what supports students might need and adjust staff support to meet the needs of students
- **San Jose Unified**: A strengths and weaknesses survey to every family in the district to understand what needs should be met by adults on school campuses and adjust tier-2 support as needed

Practice 6:
A 3-tiered approach like the multi-tiered support system implemented for academics. This includes adequate whole school, whole child support, appropriate and substantial staff for tier-2 support, and the experts and resources to be able to refer and support students and families to tier-3 support.

Examples:
- **Oak Grove School District**: Expansion of district social worker interns for the upcoming school year to provide greater tier-2 support
- **East Side Union**: Increase in social workers per school and a social worker internship program targeted for more tier-2 support
- **Ravenswood**: Strategically placing their counselors across the district’s schools to provide adequate tier-2 support
- **Numerous School Districts**: Connecting with external providers to provide a connection between the school site and more acute needs for students and families that can be served by the large behavioral health system
- **Santa Clara Unified**: Wellness centers with strategic supports in all aspects of tiers 1-3
APPENDIX B
LIST OF SUPPORTS AND PRACTICES IDENTIFIED IN THIS REPORT

Practice 7:
Include multiple stakeholders in designing and evaluating mental health and wellness programs on school campuses. This includes multiple stakeholders and allows families and youth to co-design and have an equal voice to effectively communicate needs and wants.

Examples:
- **East Side Union**: Families participating in the school district’s needs assessment and a student advisory board that gives feedback that helps shape policies
- **Mountain View Whisman**: Robust surveying and information gathering from families on adapting curriculum, designing mental health supports, and identifying needs
- **San Jose Unified**: Extra emphasis on reaching out to families and understanding their needs who were chronically absent during virtual learning
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name and Title</th>
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<tbody>
<tr>
<td>Sunrise Middle School</td>
<td>Teresa Robinson, Principal with Laxman Drivas and Alex Estrada</td>
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<tr>
<td>Stanford University</td>
<td>Dr. Steven Adelsheim, Clinical Professor of Psychiatry and Behavioral Health</td>
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<tr>
<td>Stanford University</td>
<td>Dr. Shashank Joshi, Professor of Psychiatry, Pediatrics, and Education</td>
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<tr>
<td>Synopsys Outreach Foundation</td>
<td>Lauren Foote, STEMS Program Manager</td>
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<td>Healthier Kids Foundation</td>
<td>Laura Clendaniel, Director of Operations</td>
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<td>Healthier Kids Foundation/Champion Consulting</td>
<td>Laura Champion, Consultant</td>
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<td>Oak Grove School District</td>
<td>Jimmie Brown, School Mental Health Counselor</td>
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<td>Rocketship Charter Schools</td>
<td>Lisa Riggs, Mental Health Provider-Rocketship Fuerza Community Prep</td>
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<td>Mountain View-Whisman School District</td>
<td>Karin Jinbo, Director of Student Services</td>
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<td>ACE Charter Schools</td>
<td>Dr. Ray Andrade, Principal</td>
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<td>ACE Charter Schools</td>
<td>Edwin Moreno, Assistant Principal</td>
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<td>Ravenswood City School District</td>
<td>Cynthia Chin, Director of Student Services</td>
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<td>East Side Union High School District</td>
<td>Dr. Chaunise Powell, Director of Student Services</td>
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<td>San Jose Unified School District</td>
<td>Superintendent Nancy Albarran</td>
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<td>San Jose Unified School District</td>
<td>Associate Superintendent of Instruction Jodi Lax</td>
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<td>Santa Clara Unified School District</td>
<td>Dr. Brenda Carillo, Director of Student Services</td>
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<tr>
<td>Mountain View Whisman School District</td>
<td>Devon Conley, School Board Member, President</td>
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Since our founding in 1977, the Silicon Valley Leadership Group has worked to develop, promote, pass and implement policy initiatives that benefit our members, their employees and the Bay Area. As the tech industry moved to the forefront of our global economy, the SVLG’s policy work expanded beyond the confines of Silicon Valley. The Education & Workforce Portfolio promotes and champions high-quality education in our region to develop a strong, diverse local workforce that is able to succeed in the innovation economy. Working through cross-sector partnerships, programs, and policy advocacy, we have been successful in moving education forward at the regional and state level. Membership on this policy committee is comprised of companies and colleges that have a vested interest in developing and supporting California’s public education system.

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