Santa Maria Joint Union High School District

Santa Maria Joint Union
HIGH SCHOOL DISTRICT
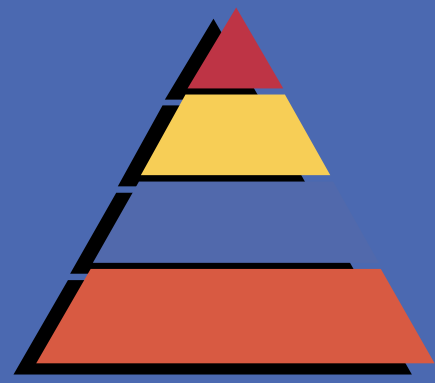
Report Card
2022-2023

Dawn Ortiz, LCSW Regional Vice President
Megan Love ACSW
Program Coordinator RHS
Laine Whitaker
Senior Director of Professional Learning
Tentative-Eryn Wike and Dr. Elizabeth Briggs
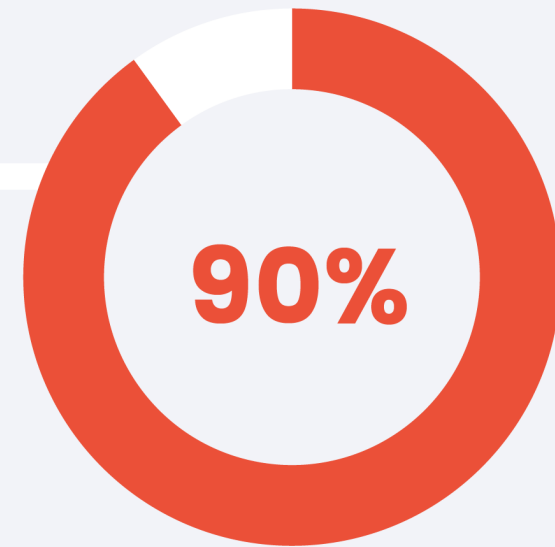
August 2023

Effective School Solutions

National polling of administrators & parents on mental health care in schools
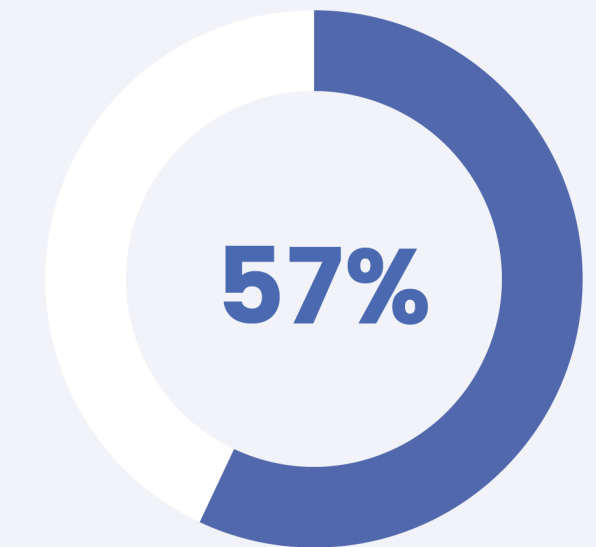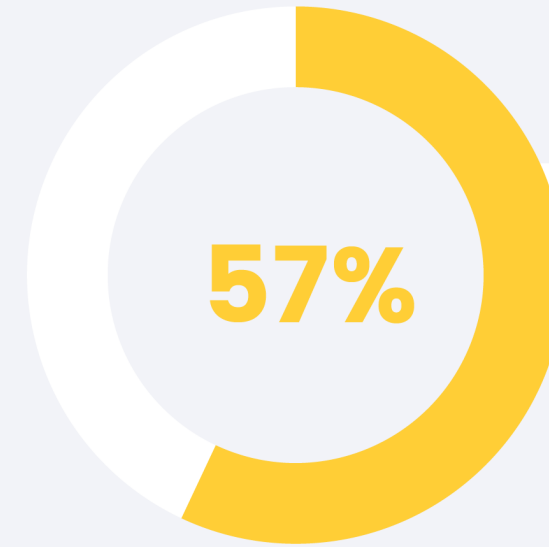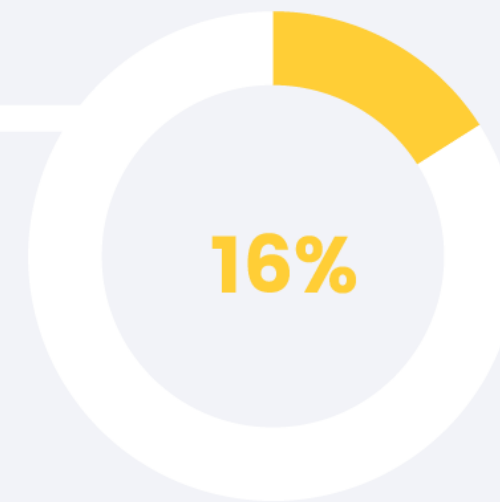
Effective School Solutions

JOHN ZOGBY STRATEGIES

90% of **administrators** & **57%** of **parents** believe that there is a growing youth mental health crisis

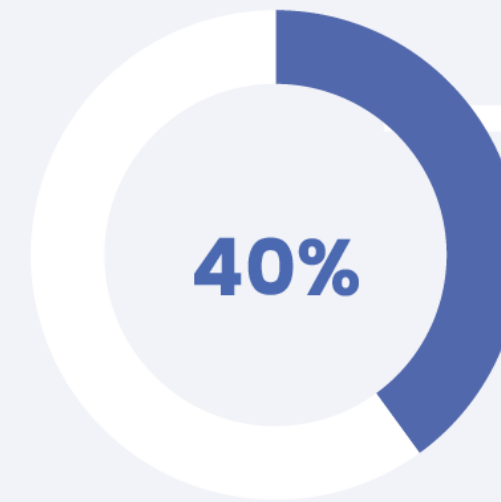**57%** of **administrators** say the problem is the same as or worse than a year ago

Over **80%** of **parents** believe that schools should have a role in supporting student mental health
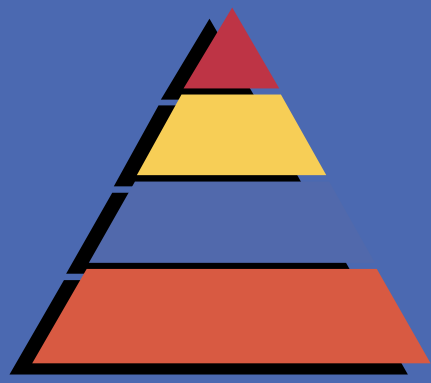
16% of **parents** & **40%** of **administrators** report a high level of confidence in their school's ability to deal with mental health challenges

In small city districts, the percentage of **administrators** drops to **17%**

What families, parents, and students are saying...
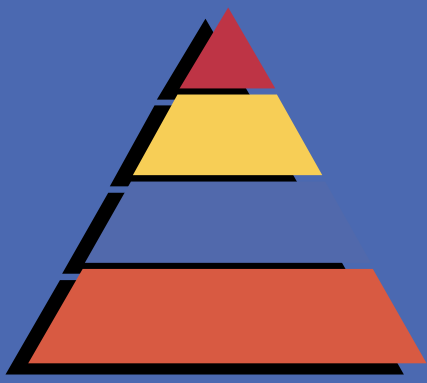## Measurement Domain: Parent Support

"I am thankful for the services received to get him to where he's at today. He has learned along with myself on how to cope with mental health in children." -PVHS Parent

"I really appreciate having a therapist on campus. It has made this year feel more, like, bearable. I feel like I don't have to be my feelings and like when everything feels like too much I can come to my therapist, and they help me work through it. It really makes the difference for me, and I think it's the thing that makes school feel more doable now. It's like a safe feeling knowing I have help when I need it." -RHS Student

"Ever since I began therapy, I feel more open and comfortable. I'm more outspoken and I'm able to share in class during group projects." -SMHS Student

"In therapy, I was able to connect this lifetime of trauma to my obsession with achievement. My constant need for validation, to prove myself to others, and always striving for perfection. This was a facade became too much for me. I was able to recognize my abilities, rather than focus on my inadequacies. I became a leader, more than a follower, I started to socialize rather than isolate. I learned that I am amazing, I can do great things, I can do hard things, and that I am enough. "-SMHS Student

"This program has helped me and my daughter a lot. Everything about the program is great. The talks I have with you (therapist) have helped me learn how to deal with things in a positive way." - PVHS Parent

Parent Survey Results
Measurement Domain: Parent Survey

**Percent of parents to Agree or
Strongly Agree with the following statements**

Statement	Percent
This program is helping me cope with my child	93%
The program is helping my child	100%
The counseling staff understands my family situation	100%
My family's right to privacy and confidentiality has been respected	100%
I have been treated with respect	100%
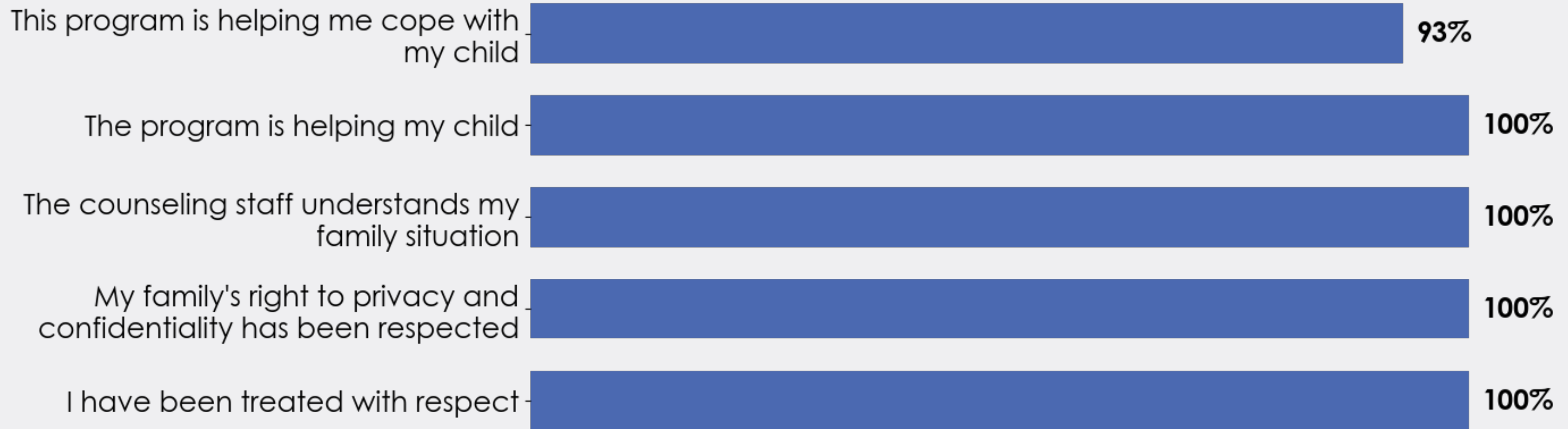
Percent of Parents Satisfied or Very Satisfied with ESS — 100%

0%   25%   50%   75%   100%
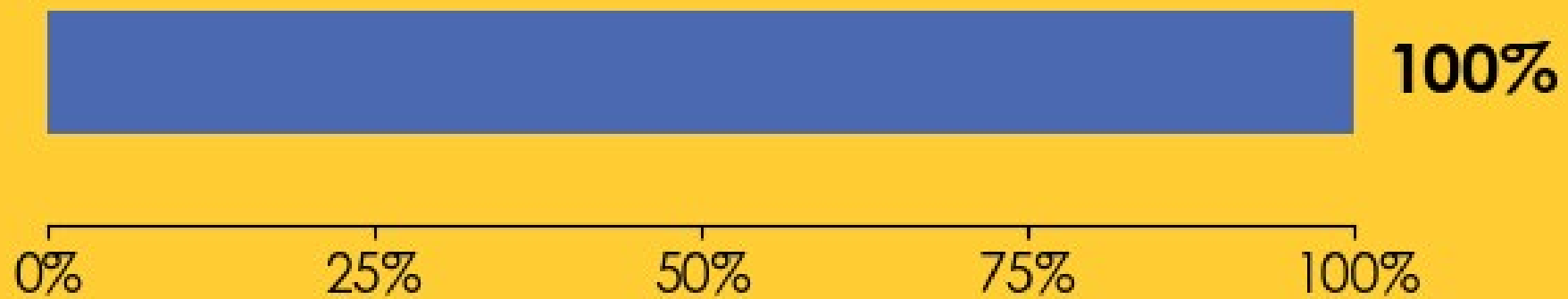
Percent of Parents to See Improvement in Their Child — 100%

0%   25%   50%   75%   100%

Number of Responses: 14

Executive Summary

- The ESS program is making a critical impact on mental health outcomes for the district, while also creating a cost savings for district financial health

- Utilization of services has been high, with **3,316** total therapeutic interactions for tier 3 services

- Students in the ESS program have shown significant academic improvement, with ~**59%** of students improving or maintaining in attendance, ~**96%** of students improving or maintaining in discipline, and **~55%** of students improving or maintaining in GPA; we're excited about the progress and expect to see this continue.

- The quality of the partnership between the ESS team and school staff continues to be healthy and strong.
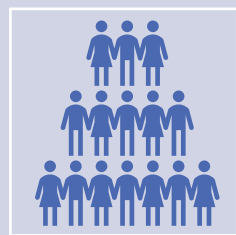
Initial District Needs and Objectives
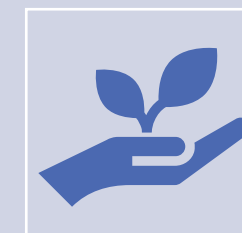
NEED

IN-SCHOOL PROGRAM: Clinical program embedded in the school day for students in need of a higher level of care for severe emotional and behavioral challenges.

CLINICAL TEAM: Highly qualified clinical professionals dedicated to the overall success of each ESS student

DATA: Continuous metrics to drive impact and delivery. Measurable success in school performance, with data collected and assembled for partner districts

COMMUNICATION: Strong Relationships between School & District Leadership.

OBJECTIVE

COMMUNITY IMPACT: Prepare students with life skills to be productive members of the community.

RETENTION: Therapeutic rapport leads to consistent gains behaviorally and academically.
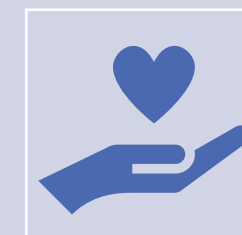
ACCOUNTABILITY: Track funding to ensure efficacy and appropriate access to care
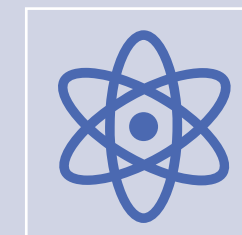
TRANSPARENT COLLABORATION: Ongoing and productive communication ensures success of student outcomes.

A Mental Health Continuum:
Multi-Tiered Systems of Support for K-12

Intensive, In-School Clinical Support

Programming for students with the most intensive mental health challenges

Highly structured, longer in duration and "wrap-around" in nature

Meant to return students from NPS, avoid NPS or serve as a preventative support for gen ed students

Moderate Intensity of Care and Crisis Response

Programming for students mild to moderate challenges

Less intensive therapeutic structure

Crisis assessment and crisis re-entry Programs

Mental Health Awareness and Prevention

Comprehensive mental health professional learning

Universal support on building trauma informed classrooms

Develop capacity building initiatives focused on trauma informed supports

Mental Health Vision and Planning

Clear, data-driven understanding of mental health needs

Focused strategic plan for building mental health capabilities as well as coaching and consultation for district clinical professionals

Strong processes and procedures to guide and evaluate effective mental health efforts

Tier 3

Tier 2

Tier 1

Foundational Support

△ Current area of focus for District

How do we measure success?

Census and Service Delivery

Enrollment and delivery of therapeutic and academic support services

Clinical Progress

Students and Clinician Reports of Mental Wellness and Therapeutic Progress

Financial Stability

Students stay in the district while receiving high levels of care

Academic Impact

Student Performance Against Baselines for Grades, Discipline and Attendance
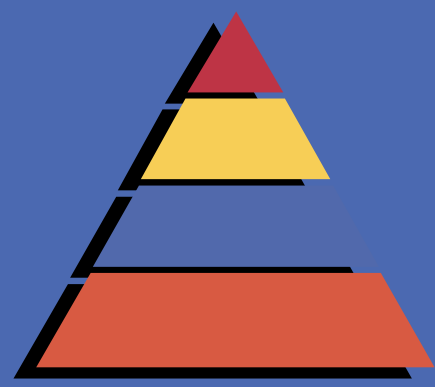
Parent Support

Improved Outcomes at Home Feedback from parents

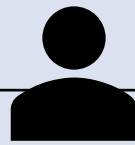## Administrator and Internal Stakeholder Support
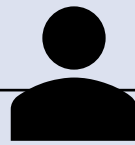
Administrators have the tools and resources to make proactive decisions on student care

ESS Footprint: Overview

An Additional 3 staff have been hired to start for this upcoming school year; 1 staff per site.

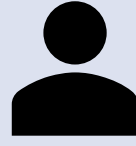| Service Highlights	SMHS	RHS	PVHS
	Comprehensive Clinical Supervision, Quality Management and Data Analytics Support		
Tier 3 Intensive Therapeutic Care • Wraparound Support for Students with Intensive Challenges (up to 12 students per clinician at any given time)	👤	👤	👤
Tier 2 Therapeutic Care • Flexible Support for Students with Mild to Moderate Challenges • Criss Intervention and School Clearance Assessments • Skill building (up to 15 students per clinician at any given time)	👤 👤	👤	👤 👤
Professional Learning and Systems Alignment • Coaching • Consultation • Workshops and Training • Parent engagement workshops	Trauma Attuned Model Workshop Nurtured Heart Workshop Parent Advisory Committee Parent Education Meetings Faculty Coaching/Champions Committee MTSS Playbook Grant Support		
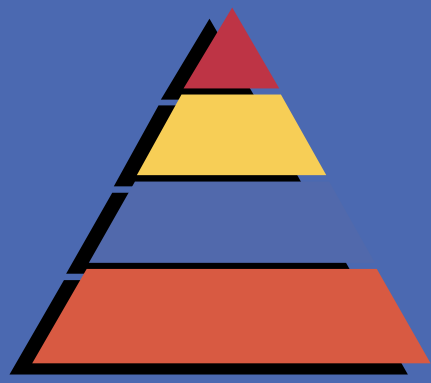
District Wide Census
Measurement Domain: Census and Service Delivery

Month	Value
Aug	1
Sep	10
Oct	41
Nov	69
Dec	77
Jan	77
Feb	81
Mar	79
Apr	73
May	53
Jun	30
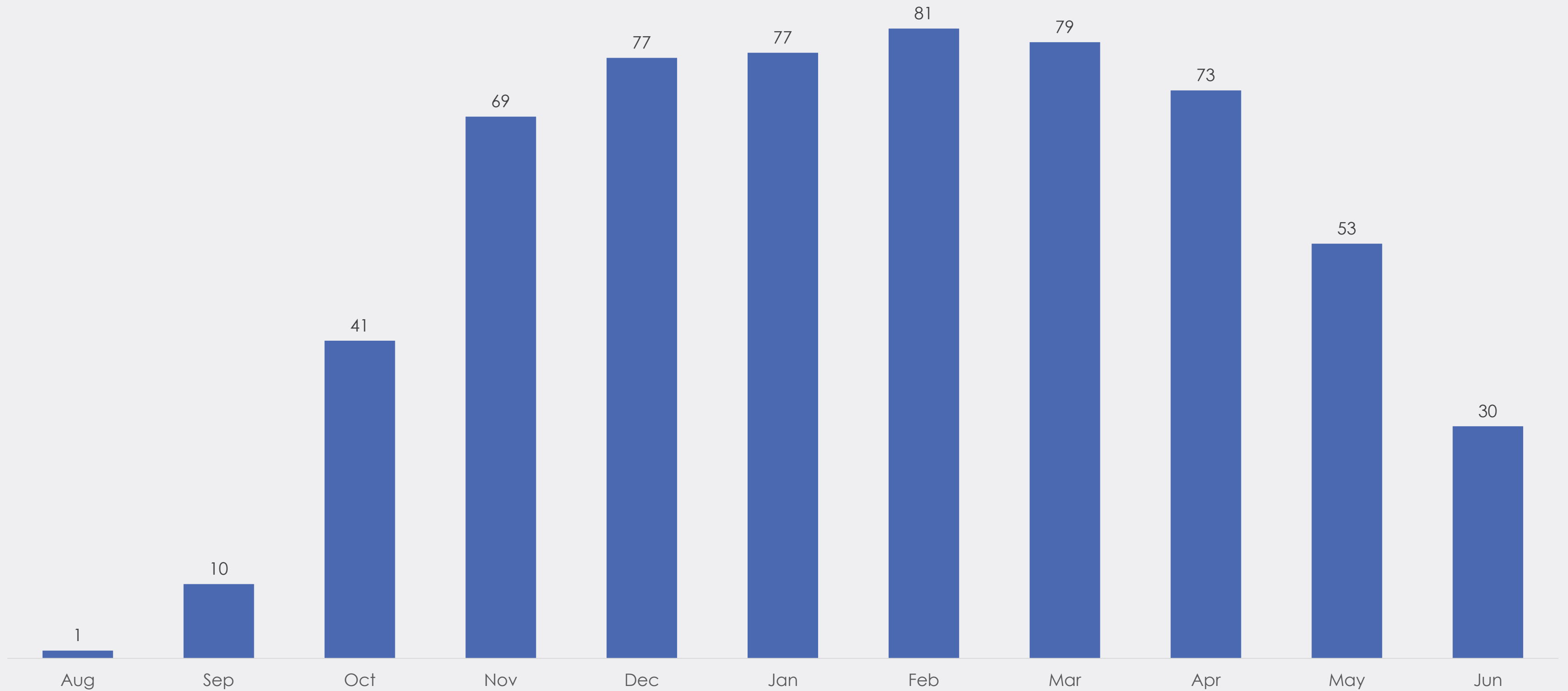
As the referral process at each school site was established and fine tuned the number of students serviced grew. It is anticipated that this number will grow with velocity this school year as the process is established.
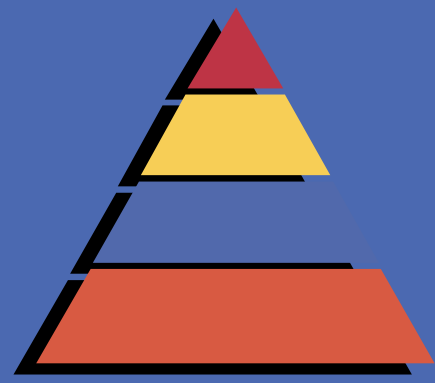
Approximate Length of Stay

Approximate Length of Stay

● 0 - 3 months ● 4 - 6 months ● 7 - 9 months ● 10 - 12 months

32 (31%)

22 (21%)

104
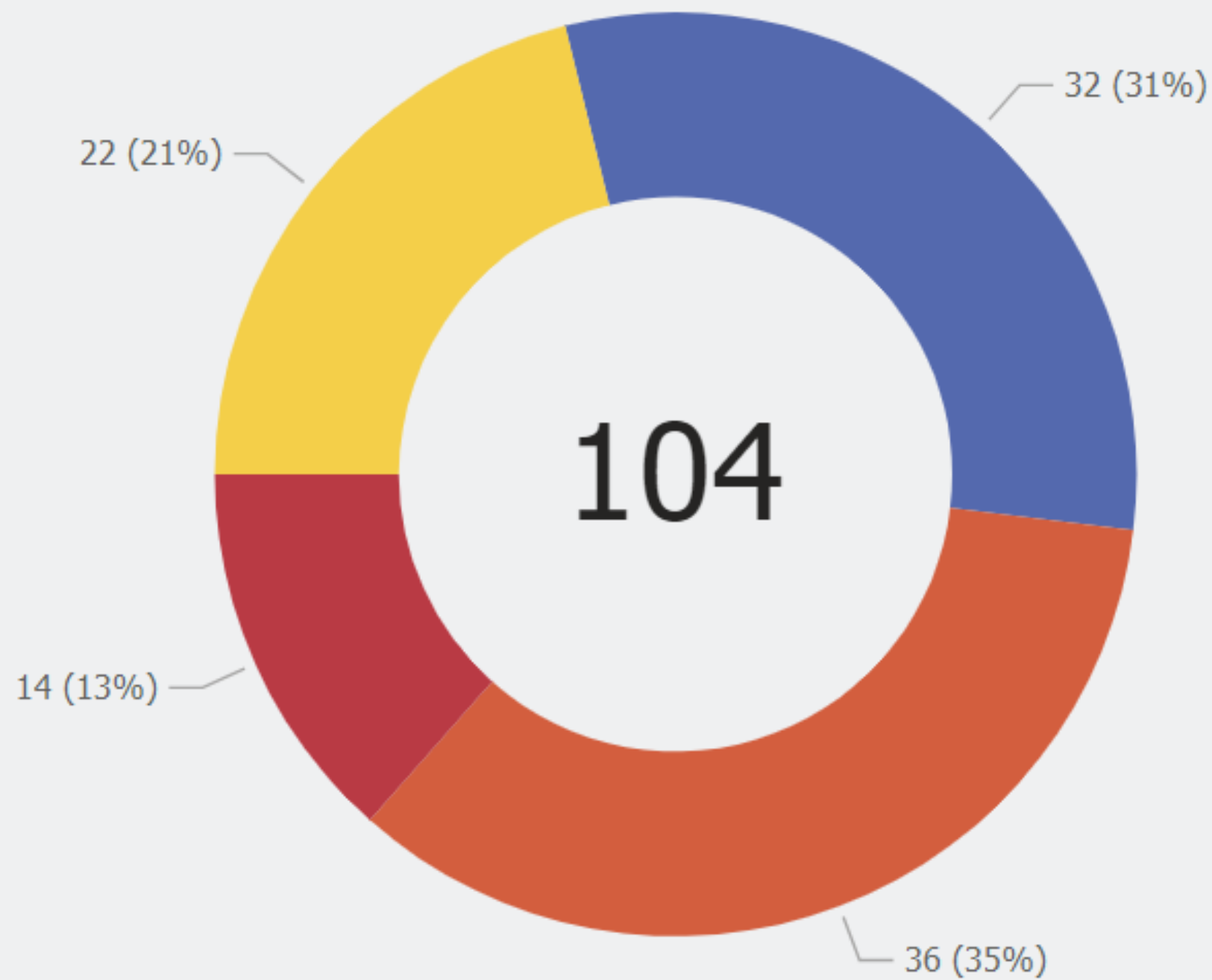
14 (13%)

36 (35%)

Length of Stay	Count (#)	Count (%)
0 - 3 months	22	21%
4 - 6 months	32	31%
7 - 9 months	36	35%
10 - 12 months	14	13%
Total	**104**	**100%**

Prevalence of disorders of students serviced in the program this past school year

Prevalence of Disorders

Disorder	Count
Major Depressive Disorder	39
Generalized Anxiety Disorder	18
Depression	16
Post-Traumatic Stress Disorder	16
Social Phobia	10
Adjustment Disorder	7
Cannabis Use	4
ADHD	3
Anxiety Disorder	2
Mood Disorder	2
Panic Disorder	2
Separation Anxiety Disorder Of Childhood	2
Acute Stress Reaction	1
Disruptive Mood Dysregulation Disorder	1
Eating Disorder, Unspecified	1
Oppositional Defiant Disorder	1
Other Dissociative And Conversion Disorders	1
Other Mixed Anxiety Disorders	1
Other Specified Phobia	1
Selective Mutism	1
Undifferentiated Somatoform Disorder	1

Prevalence of Disorders
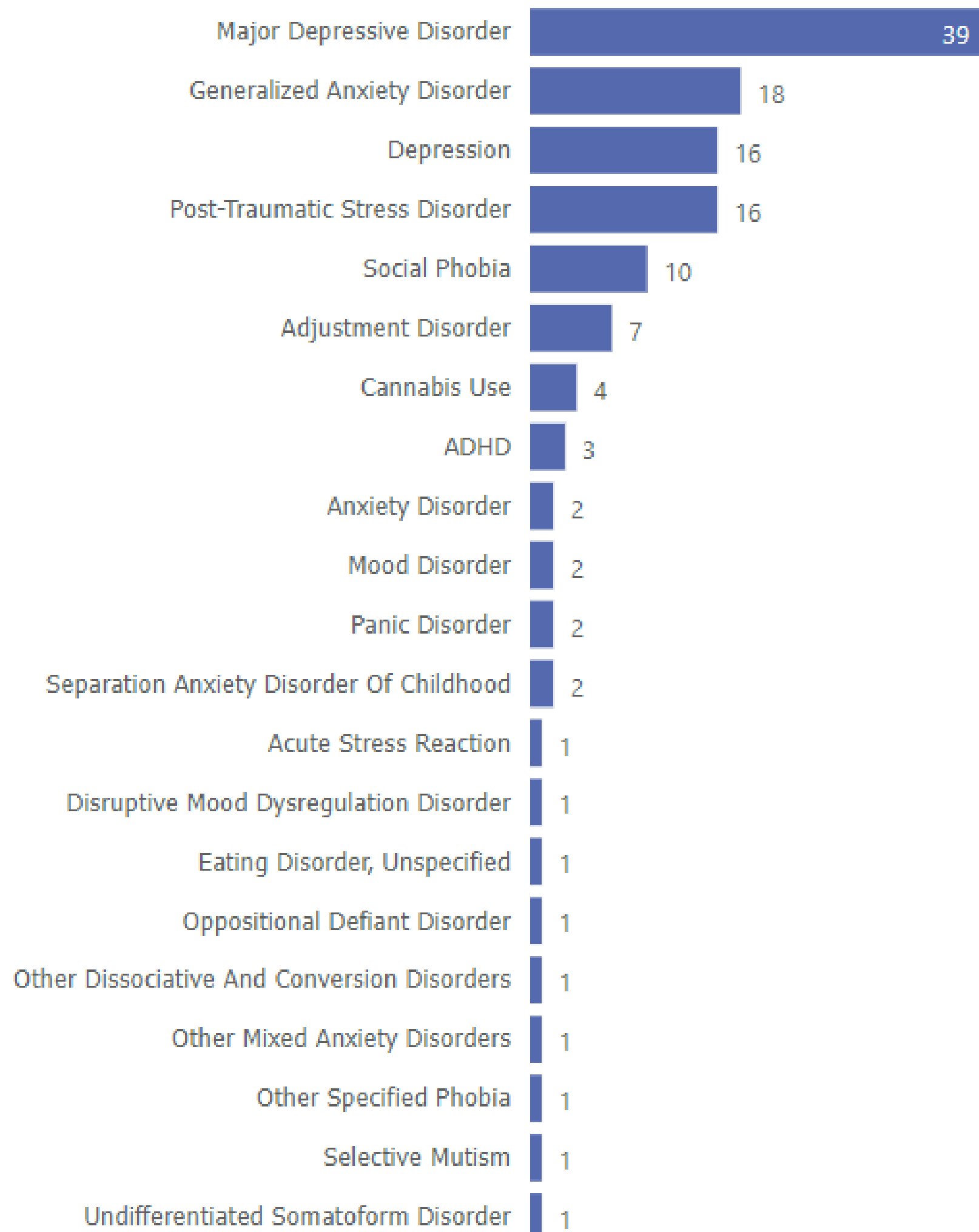
Disorder	Percentage
Major Depressive Disorder	30%
Generalized Anxiety Disorder	14%
Depression	12%
Post-Traumatic Stress Disorder	12%
Social Phobia	8%
Adjustment Disorder	5%
Cannabis Use	3%
ADHD	2%
Anxiety Disorder	2%
Mood Disorder	2%
Panic Disorder	2%
Separation Anxiety Disorder Of Childhood	2%
Acute Stress Reaction	1%
Disruptive Mood Dysregulation Disorder	1%
Eating Disorder, Unspecified	1%
Oppositional Defiant Disorder	1%
Other Dissociative And Conversion Disorders	1%
Other Mixed Anxiety Disorders	1%
Other Specified Phobia	1%
Selective Mutism	1%
Undifferentiated Somatoform Disorder	1%

District Wide Therapeutic Progress
Measurement Domain: Clinical Progress

Students and clinicians rate mental wellness each week and track long term trends

Student Self Rating of Wellness

Month	Positive	Neutral	Poor
Aug 22		100%	
Sep 22	30%	48%	22%
Oct 22	46%	34%	20%
Nov 22	53%	32%	15%
Dec 22	49%	43%	8%
Jan 23	54%	33%	13%
Feb 23	52%	36%	13%
Mar 23	55%	32%	14%
Apr 23	70%	20%	10%
May 23	72%	21%	7%
Jun 23	83%	17%	

Clinician Self Rating of Wellness

Month	Positive	Neutral	Poor
Aug 22		100%	
Sep 22	11%	63%	26%
Oct 22	22%	61%	17%
Nov 22	43%	43%	13%
Dec 22	35%	56%	10%
Jan 23	39%	52%	9%
Feb 23	46%	43%	11%
Mar 23	45%	43%	12%
Apr 23	64%	28%	8%
May 23	66%	26%	8%
Jun 23	74%	26%	

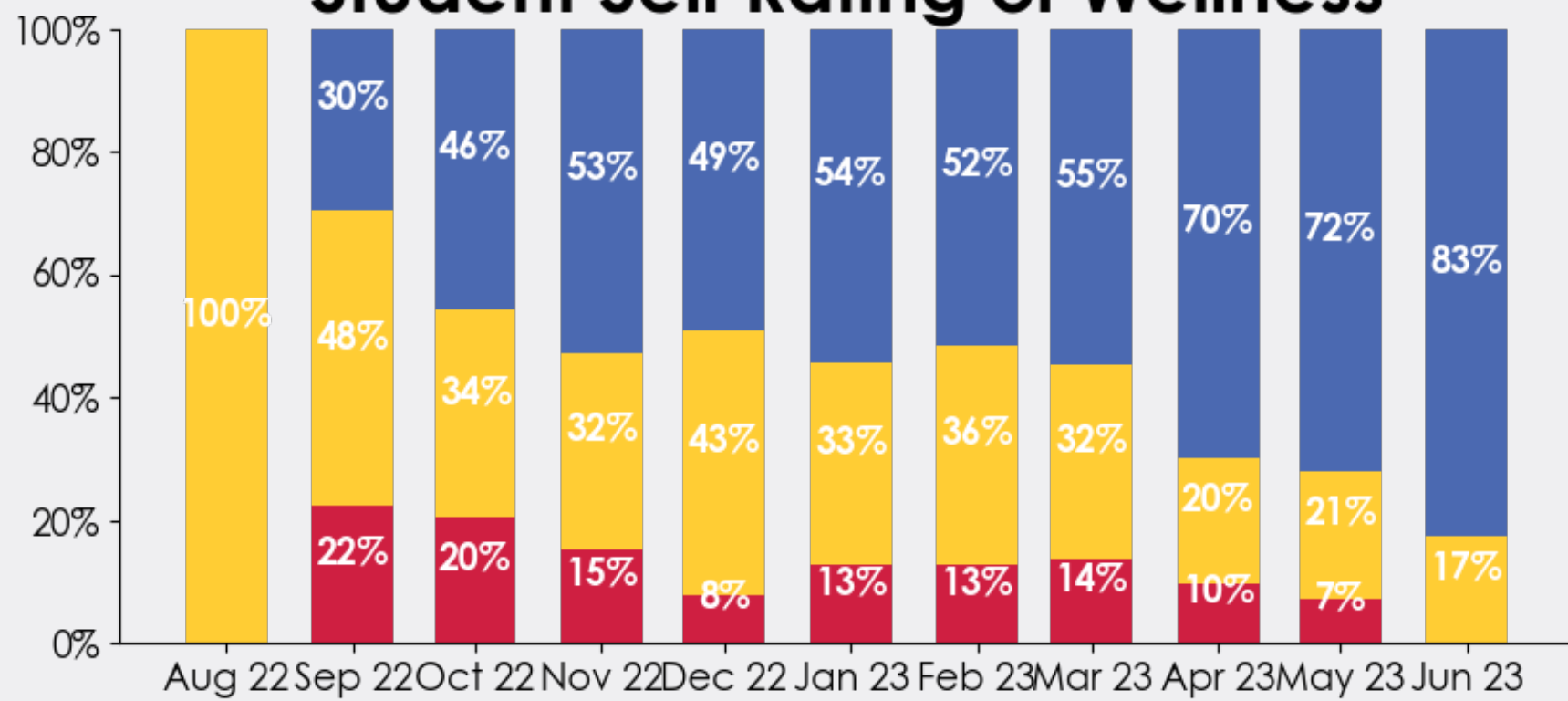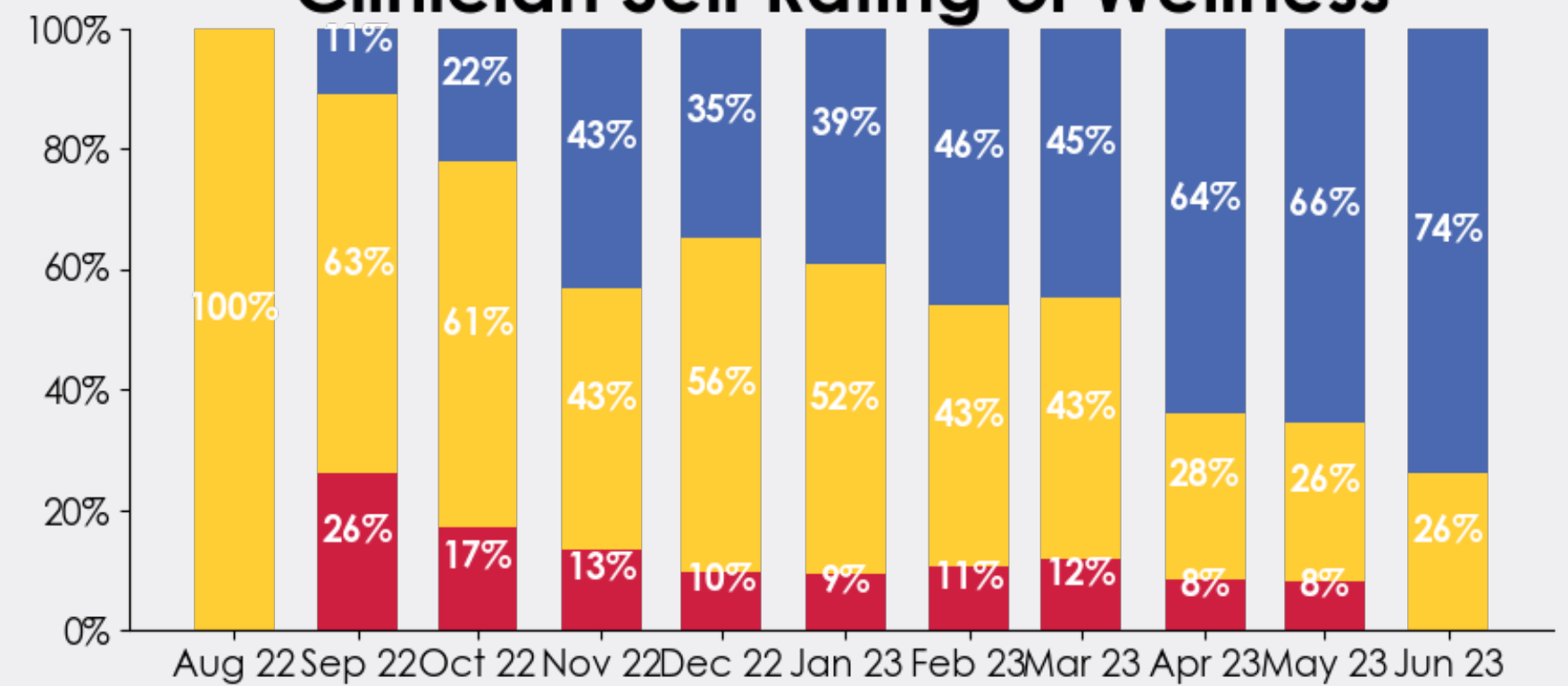■ Positive Wellness   ■ Neutral Wellness   ■ Poor Wellness

The percentage of students reporting positive wellness increased by 2X over the course of the school year.

Rating Categories

Positive Wellness	1=Excelling/Doing Great 2=Thriving/Doing OK
Neutral Wellness	3=Surviving/Getting Irritated
Poor Wellness	4=Struggling/Angry 5=In Crisis/Unable to Remain Calm
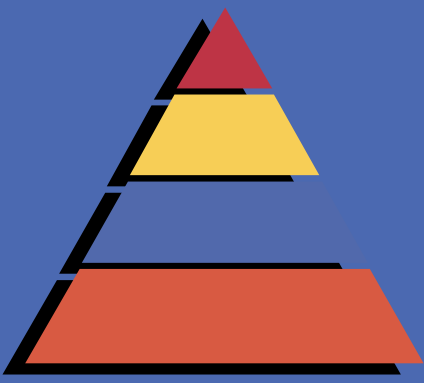
District Wide Academic Impact
Measurement Domain: Academic Impact
Year-To-Date

Tier 3 students have their performance measured when first admitted and at the end of each marking period to measure growth

Absences

Baseline	Marking Period
10.56	8.54
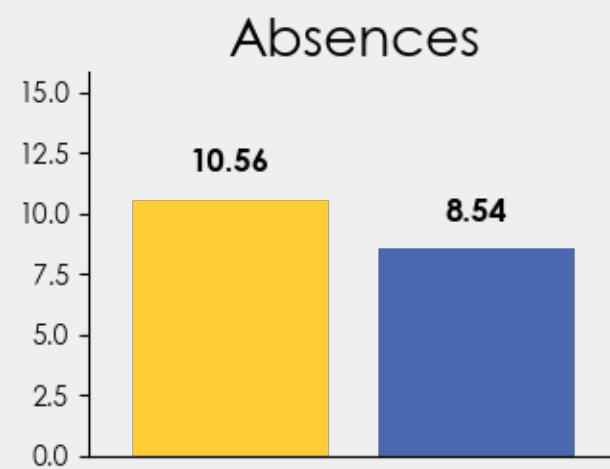
-19%
Average % Change in Absences

Discipline

Baseline	Marking Period
0.23	0.17
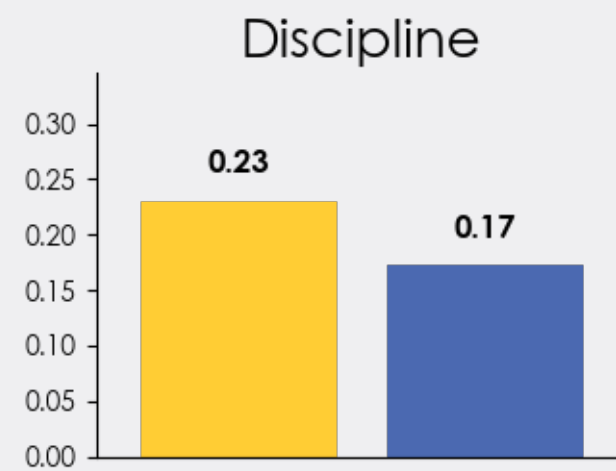
-26%
Average % Change in Discipline

GPA

Baseline	Marking Period
1.94	1.98
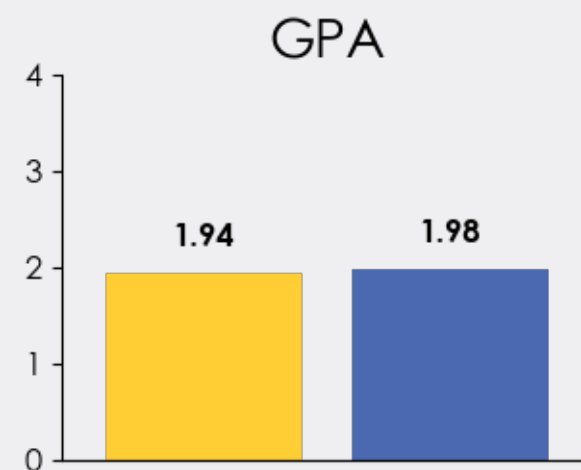
2%
Average % Change in GPA

Students in ESS programming demonstrated improvement in absences, discipline, and grades; we expect GPA to accelerate in the coming year as students have more time in programming.

Baseline
Marking Period

What's Working/Areas of Focus

What's Working

- Data indicates strong correlation between student wellness and group therapy participation

- Strong collaboration and coordination among campus staff, admin, faculty and ESS

- Participation in district and community behavioral health collaborative meetings

- Involvement in campus and district wide events and activities (Parent Advisory Committee, Coffee with Principal, Club Day, Resource Fair, Mental Health Fair, DELAC Education, etc.)

- Increased access to care by reducing wait lists.

- Reducing the revolving door of treatment.

Areas of Focus

- Add additional therapist to each school site for '23-'24 to increase capacity to serve higher number of students throughout school year

- Integrate student groups into academic schedule to streamline services and reduce interruption in academic coursework (eg; schedule group intervention during 1st or 7th period)

- Ongoing implementation of District Wide Professional Development Learning Opportunities (Coaching, Workshops, Consultation, MTSS Playbook)

Effective School Solutions

Professional Development

Meet Your PD Team

Laine Whitaker, MSL
PD Project Manager

Karessa Irvin
Professional Development
Trainor/Coach

Project Manager Provides oversite and support.

Professional Learning Presenter, Technical Support, Consultation and Coaching

ESS Tier 1
Sample Professional Development Plan

GOALS

1 **Understand how student mental health has been affected over the last year and the role of trauma**

2 **Understand how trauma manifests itself and how to create trauma-informed classrooms**

3 **Build capacity by developing a cadre of internal experts in trauma-informed care**

4 **Understand the district-wide safety mental health safety net and how to direct students to the proper forums for care**

MODALITIES

1 **Group Based Professional Learning**
Sequence of Topics, Quarterly or Bi-Monthly, Virtual

2 **Job-Embedded Coaching and Consultation**
One on one or group-based, translating theory into practice, focus on "center of excellence" schools"

3 **Mental Health "Champions Committee"**
Identify 6–8 educators to receive coaching and "turnkey" information to teacher colleagues

4 **Parent Workshops and Education**
Adapt topics for parent audience, provide monthly to bi-monthly sessions group sessions and virtual parent support groups

"Avoid Random Acts" by creating a full year Professional Learning continuum that encompasses Mental Health Core Competencies for Teachers' focused on increasing: Awareness, Student Relationships, De-Escalation and Crisis Prevention Skills, as well as Classroom Management

Effective School Solutions

Trauma, and NHA Content & Coaching

Group Coaching, Group Support and Creation of Trauma–Informed Classrooms

Trauma Informed Content

PART (What is our PART?)

- **P**REVALENCE — How prevalent is trauma?
- **A**FFECT — How does trauma affect people?
- **R**ESPONSE — What are effective responses to trauma?
- **T**RIGGERS — Why triggers lead to re-traumatization?

Coaching

Coaching Observation Tool | Trauma Attuned Model- Virtual & In-Person

District/School _____ Teacher _____ Grade _____ Date _____

TRAUMA ATTUNED CLASSROOM PRACTICES	RATING* 1 2 3 4 5	NOTES
I. CLASSROOM ENVIRONMENT (Includes Virtual Platforms)		
1. Classroom setup and decor is inclusive and inviting.		
2. There is a clearly posted daily schedule/agenda.		
3. Regular opportunities for student movement are integrated throughout the class period/day.		
4. There are calming elements used appropriately (e.g., alternate lighting, soft music).		
5. There is non-embarrassing, neutral space available to students for calming down (E.g., Breakout rooms, asynchronous educational opportunities).		
6. Students have access to supports for self-calming/emotional regulation (e.g., Take a Break handouts, fidget items, noise cancelling headphones). For virtual, teacher will need to provide verbal reminders, as well as written descriptions of suggested emotion regulation breaks/interventions.		
7. Classroom rules and expectations are clearly communicated and consistently enacted.		
8. There are clearly established routines and procedures for: class arrival/dismissal, seating, participating in discussions, asking questions, submitting work, going to the bathroom/getting a drink.		
	TOTAL / 40	

Group Support

Group Support Sessions can focus on Building on the Foundational Knowledge and Skills from content and Coaching sessions -focused on the core domains of: Classroom Environment, Materials, Relationships, De-Escalation and Crisis Management Skills

Increased Skills

Coaching Comparison Data: Quarter 1 Overview

Quarter 1 Overview
N=6
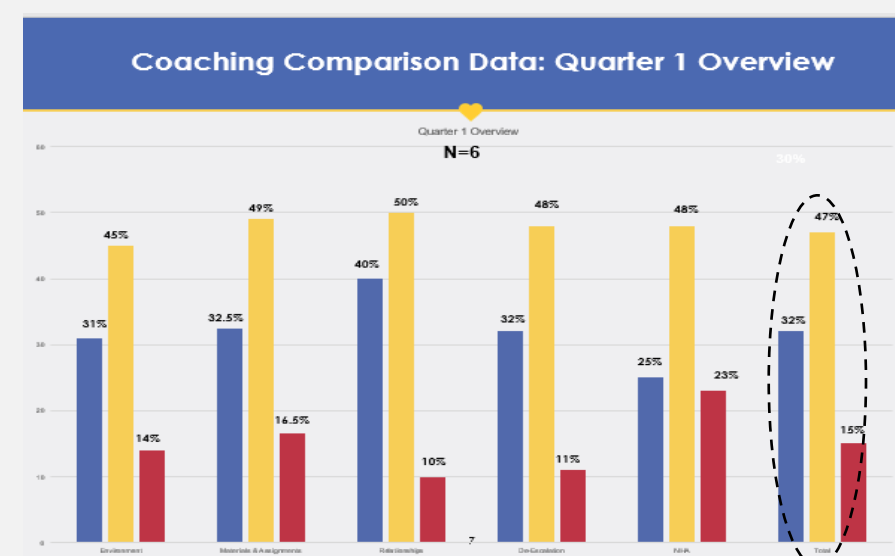
Trauma Informed Classrooms

Increased Skills by Teachers:
Leads to:
- Well-Regulated Classrooms,
- Less students leaving class
- Less disciplinary issues.
- Offsetting disproportionality- decrease in classification rates

The TAM Coaching Process

Competency Domains		What We're Looking For
Environment	=	A trauma attuned learning environment that is nurturing, safe and inviting. This includes classroom décor, lighting, temperature, etc.
Materials and Assignments	=	Trauma attuned learning materials and assignments that consider and support student's individual differences
Relationships	=	Nurturing and supportive relationships are an essential component of trauma attuned education. Knowledge of student personal preferences, coping skills, and genuine interest.
De-escalation	=	De-escalation skills are essential for a well regulated, trauma attuned classroom. Knowledge of and access to de-escalation protocols, skill building, & affect management. Includes teachers' own self-care/self-regulation.

The TAM Coaching Process (guided by the TAM coaching rubric) is designed to measure Teacher progress in the creation of a trauma-informed classroom environment