



STAFF INNOVATION SUMMARY—CITY OF BERKELEY

Name of Innovative (INN) Project: Trauma-Informed Care for Educators

Total Requested for Project: \$180,000

Duration of Innovative Project: Three (3) Years

Review History

County Submitted Innovation (INN) Project: May 3, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: May 26, 2016.

Project Introduction:

The City of Berkeley proposes to implement Trauma-Informed Care (TIC) training for educators and interested parents in three Berkeley Unified School District schools (one Transitional Kindergarten and two K-5 schools). This proposal leverages ongoing Bay Area efforts to implement trauma-informed practices in public health, mental health, law enforcement and the schools.

The proposed intervention includes limited utilization of external trainers associated with the East Bay Agency for Children’s Trauma Transformed (“T²”) Regional Center to train five school district staff as lead trainers. These lead trainers, working with the existing 2020 Vision for Berkeley’s Children & Youth (a community-wide collaborative between the City, Berkeley Unified School District, the University of California at Berkeley, and several other community partners), would establish “Peer Support Learning Circles” to spread the training to additional teachers and staff at the three participating schools, beginning with the Transitional Kindergarten in fall 2016, then shifting to the two K-5 schools in January 2017.

Berkeley projects that “approximately 750 individuals will be impacted by this approach, and around 8 percent of that population (60) will be referred to mental health services and supports” as a result. It is unclear whether this is a prediction of an independent effect on service utilization from the intervention.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: what is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed program or project must align with the core Mental Health Services Act (MHSA) principles,

promotes learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

The Need

Berkeley cites that its overall community planning process has called attention to the need to institute supportive services to address trauma in the youth population. Trauma-Informed Care approaches in schools, also referred to as “trauma-informed schools,” “trauma-sensitive schools,” and “trauma-informed classrooms,” are relatively common. One recent journal article, introducing a special issue on “trauma-informed schools,” suggested that TIC approaches have been implemented in schools in at least 17 states, whether in clusters of individual schools, district-wide implementation, or even state-wide implementation (including Massachusetts, Washington, and Wisconsin) (Overstreet and Chafouleas, 2016). TIC-based school programs are currently being implemented in a number of California school districts, including San Francisco Unified School District and Oakland Unified School District.

Berkeley did not cite specific data on behavioral or disciplinary problems in Berkeley Unified School District (BUSD) schools or potential trauma-related academic achievement shortcomings in the schools. However, it did note that the City and BUSD, and others, have worked since 2008 in “the development of plans and models for internal and cross-jurisdictional collaboration to remove barriers to learning and to promote healthy development for all Berkeley children and youth,” (City of Berkeley, p. 3) in a collaborative called the 2020 Vision for Berkeley’s Children & Youth, a collaborative that utilizes “collective impact” principles.

The Response

Berkeley has not identified in its documentation a specific TIC school-based approach or curriculum that it intends to adapt. Hence it is somewhat difficult to assess the degree to which their proposed approach constitutes a substantial change from existing practices. A number of models are available to choose from, including the Massachusetts Advocates for Children framework, which the University of California at San Francisco has adapted in its UCSF Health Environments and Response to Trauma in Schools (HEARTS) project, which it is implementing in San Francisco and Oakland.

The City notes in its application that its review of the research on school system implementation of TIC models shows that, while the interventions often show promising results, where schools utilized outside trainers “the model was not sustainable once the trainers left the system and the funding ended” (City of Berkeley, p. 3).

It should be noted that, while a number of similar trauma-informed schools approaches are being applied around the country, “the impact of professional development training in educational environments has yet to be fully evaluated” (Overstreet and Chafouleas, 2016). The proposed strategy will make a change to an existing mental health approach that has not yet been demonstrated to be effective, including but not limited to adaptation for a new setting, population or community.

Berkeley’s proposed strategy to use a “train the trainer” approach and Peer Support Learning Circles, and to invite participation from interested parents, directly addresses the cited concerns that some other interventions that relied on outside trainers have not proven to be sustainable.

The Community Planning Process

Berkeley states that its draft Innovative Project plan was discussed and refined through three MHSA Advisory Committee meetings and two Community Input meetings over a three-month period. Specific information about participation at these meetings was not included in the City's documentation. The plan was posted for public comment March 1, 2016 through March 31, 2016, culminating in a public hearing of its Mental Health Commission on March 31, 2016, which unanimously approved the plan as drafted.

Learning Objectives and Evaluation

Berkeley cites the following objectives from this project: (1) to create a change in the way teachers view and handle problematic student behaviors (which often mask trauma); (2) to create an increase in access to mental health services and supports for students in need; and (3) to promote better mental health outcomes by increasing student referrals to appropriate mental health services.

Implicitly, the learning objectives thus are whether the “train the trainer” approach can sustainably induce a change in the attitudes that teachers and staff hold and the strategies that they employ in dealing with problematic student behaviors; and, if those anticipated changes are sustained, whether they lead to appropriate mental health referrals and better outcomes for students with mental health challenges.

Berkeley states that it intends to contract with an external evaluator to be involved throughout the project, but that its specific evaluation strategy and methodology has not yet been set. The project anticipates administering pre- and post tests of staff participating in trainings, and to gather qualitative and quantitative outcomes data. The project timeline does not specify the gathering of baseline outcomes data prior to initiation of training.

The Budget

The proposed budget is \$180,000 for the entire project, designed to run for two academic years plus a startup phase to hire or identify staff, recruit participating schools and lead trainers, and secure contractors. The budget proposes dedicating \$29,000 (16.1 percent) for an external evaluator.

Additional Regulatory Requirements

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. The project explicitly involves community collaboration and utilizes a general approach widely recognized as addressing concerns about cultural competence. Berkeley could further elaborate on steps it intends to take to insure that the project will be implemented in a culturally competent manner.

Berkeley notes that the project will be overseen by an oversight board that includes family members. The City could further elaborate on its plan for composing and empowering this oversight board.

Trauma-informed school approaches are widely recognized to be wellness-, recovery-, and resilience-focused. The City further asserts that its proposed project will meet the standards for being client-driven. Finally, Berkeley notes that the proposed project is strongly related to its ongoing 2020 Vision for Berkeley's Children & Youth community project and will strongly integrate the service experience of clients and families across BUSD, Berkeley Mental Health, and other partner entities. The City could further

Staff Innovation Summary—City of Berkeley. May 26, 2016

elaborate on how the “collective impact” principles of 2020 Vision may help shape this project.

References

City of Berkeley, Department of Health, Housing & Community Services, Mental Health Division. April 2016. Exhibit A: Mental Health Services Act Draft Innovations Plan, Proposed Trauma Informed Care Project.

Overstreet, Stacy, and Sandra M. Chafouleas. 2016. “Trauma-Informed Schools: Introduction to the Special Issue.” *School Mental Health* 8: 1-6.