**BEYOND SEL** *A WestEd Audio Gallery*

# A MULTIDISCIPLINARY, TEAM-BASED APPROACH TO BEHAVIORAL HEALTH

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**SEAFORD SCHOOL DISTRICT**
SEAFORD, DE

"Right away I could see that decisions regarding student behavioral health were really made by individuals, they weren't made by teams. And I always find that [that's] a very subjective way of [making these decisions]. We've got to have a team approach that not only will help us get to the root cause but also a connection to the experts."

**DR. JAMES BELL**
Director of Student Services

A well-designed, multitiered behavioral health system is critical to a school's or district's ability to serve the behavioral and mental well-being needs of all students. An estimated 21 percent of young people experience the need for mental health supports each year; however, only a quarter of children receive the mental health care they need.[1] The same report shows that those who do receive mental health supports get their services through their school.

An effective school behavioral health system offers both strong universal services for the entire school community, as well as increasingly intensive supports for students as needed. The system should involve a number of people and organizations that can lend expertise and should also receive input from a range of adults who know the students being served, including their families. However, there are important equity considerations for educators: if they have not worked to address their own implicit bias, they may disproportionately identify or refer some groups of students for behavioral health support — based on the student's race, gender, Individualized Education Plan (IEP) status, or another characteristic — for the same behaviors they look past in others.[2] This trend can perpetuate inequitable outcomes and systemic inequities.

To reimagine a more coherent, equitable behavioral health system, the Seaford School District in Delaware has engaged all its stakeholders, including educators, families, and community-based organizations (CBOs). By taking a multidisciplinary, multistakeholder approach, the district has been able to both limit the bias that can come from a single perspective and discern the root causes behind concerning behavior. The district's Director of Student Services, Dr. James Bell, initiated the work with a Behavioral Health Summit, in which CBOs that serve students came together to discuss different approaches,

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strengths, and challenges of their existing system. This experience inspired a commitment to greater collaboration across all stakeholders.

"We're so much smarter when we combine all of our knowledge and skills together. I've got another counselor, a school nurse, assistant principals, a behavioral health consultant — all these people in the room together at the same time discussing the students and deciding what steps we're going to take."

**D.J. WILLIAMS**
School Counselor

## Putting the behavioral health system into practice

After the summit, Seaford Middle School's leaders stepped up to embrace this new, more collaborative approach. The school leaders and educators developed new policies and practices to coordinate school-family-community collaboration, such as Memoranda of Understanding (MOUs) with service providers. The district also created a monitoring system to track and share information across teams for students whose needs rise to the more intensive level of services. Dr. Bell also emphasized the importance of a strengths-based approach that draws on the expertise of multiple adults who know students when communicating with families about behavioral challenges.

While the team at Seaford Middle School is just beginning to build out this new system, they look forward to continuously improving the way they serve the behavioral health needs of their community over time, to advance their equity goals.

### Seaford School District BY THE NUMBERS

| | |
|---|---|
| **Number of Students** | 3,465 |
| **Geographic Setting** | Suburban |
| **Grades Served** | pre-K–12 |
| **School Model** | Traditional public school district |
| **Conditions for Equitable Learning & Development** | Learning Environment & System |

| Student Demographics |
|---|
| **9%** Latinx* |
| **25%** Black |
| **61%** White |
| **2%** Asian or Native Hawaiian/Pacific Islander |
| **0%** Native American*/Alaska Native |
| **3%** Multiracial |
| **2%** Students with disabilities |
| **24%** English language learners |
| **35%** Eligible for free/reduced-price lunch |

**Student Demographic data sourced from nces.ed.gov. NCES lists Latinx as "Hispanic" and Native American as "American Indian."*

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## *Consider while you listen . . .*

### COMMUNITY PARTNERSHIPS

Seaford School District leaders began to design a coherent behavioral health system by first engaging their key community partners. Which organizations in your community could provide services to your students, families, and educators? How might you strengthen your collaboration with them?

### KNOWING YOUR STUDENTS

Seaford's behavioral health system incorporates input from families and other adults who might know students well, such as teachers, as well as from a range of administrators and specialists. Which students do you know well? How have you come to know them well? Which students don't you know well? How can you begin to know them better?

### IMPLICIT BIAS

Dr. Bell describes the risks of implicit bias when individuals make referral decisions, especially without consulting other adults who may know a young person well. How might your current behavioral health system perpetuate inequitable experiences in our outcomes? Consider the mindsets and beliefs of the adults that are a part of the system; the quality of relationships between educators, families, and students; and the discipline and behavior policies and practices in place at your school or district.

## Related Resources

This knowledge and practice brief provides a succinct description of the need for school-based mental health and an overview of strong multitiered approaches. It also includes high-level approaches to creating a community map and a thorough breakdown of the key elements of an MOU.

This field guide created by the Center on Positive Behavioral Interventions & Supports (PBIS) offers resources for practitioners on integrating culturally responsive practices into their behavior systems.

Though focused on the impact of implicit bias on school discipline, this article by the Legal Defense Fund provides a useful summary of definitions and data related to implicit bias, stereotype threat, and other ways that bias can show up in classrooms and schools.

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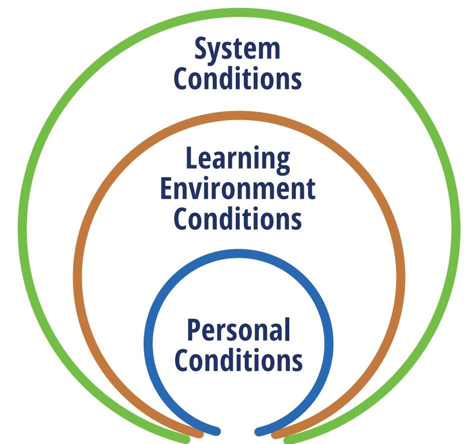
## Conditions for Learning and Development

In their work, school leaders and educators must attend to a range of conditions that can promote — or inhibit — learning and development.[3] These include Personal Conditions, Learning Environment Conditions, and System Conditions.




### PERSONAL CONDITIONS

Conditions that bolster and ensure health and well-being within individuals in school communities, including social and emotional health and well-being as well as the physical, mental, and behavioral health of students and the adults who care for them.

### LEARNING ENVIRONMENT CONDITIONS

Conditions that foster safe, supportive environments and responsive, reliable relationships. These conditions include school climate and trauma-informed and restorative practices, as well as the policies, structures, and systems in place at the district, school, and classroom levels. Together, these can promote resilience, provide protective factors, and ensure that every person — regardless of background, circumstance, or identity — can learn, grow, and thrive.

### SYSTEM CONDITIONS

Conditions stemming from the complex community and social factors that can influence health and well-being. Here, cross-sector collaboration between schools and other sectors — such as health, mental health, justice, child welfare, housing, and anti-poverty efforts — can accelerate schools' positive impacts on the development and well-being of students and families.

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[1] Children's Mental Health needs, *Disparities, and School-Based Services: A Fact Sheet.* The Center for Health and Health Care in Schools. Updated February 28, 2012.

[2] Gregory, A., & Weinstein, R. S. (2008). The discipline gap and African Americans: Defiance or cooperation in the high school classroom. *Journal of School Psychology,* 46(4), 455–475. http://dx.doi.org/10.1016/j.jsp.2007.09.001

[3] Garcia Coll, C., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & Garcia, H. V. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development,* 67(5), 1891–1914. https://doi.org/10.2307/1131600

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