

The Local Control Funding Formula (LCFF) opens the door to new investment in school health services. The state has identified eight “priority areas” to evaluate school districts’ use of LCFF dollars. By linking school health services to the “**school climate**” priority, you can explore opportunities to increase funding for your school or district’s health programs.

What is “SCHOOL CLIMATE”?

Under LCFF, school climate will be measured by:

- Suspension rates
- Expulsion rates
- Other local measures, including student feedback on safety and school connectedness



What is the connection between student health and suspension & expulsion rates?

- Students with unmet mental health needs have higher rates of suspension and expulsion than peers who are receiving appropriate treatment and support.¹
- Students who struggle with mental health disorders often experience gaps in their learning and exhibit behavioral issues in the classroom.²

How do school health programs impact school climate?

- Students using school-based health center mental health services improve their behavior—and are therefore less likely to be suspended or expelled.³
- The presence of a school based health center on a school campus is associated with features of a positive learning environment.⁴
- Students who receive mental health services on campus report greater school assets (such as caring relationships with adults, opportunities for meaningful participation, and strong connection to school).⁵
- High school assets link directly with positive classroom behavior and high academic performance.⁶
- On a school-wide level, when students receive instruction in social emotional concepts, standardized test scores increase an average of 11-17 points.⁷

How can your school health services improve school climate?

- Provide school-wide training on positive behavior interventions and supports, including implicit/explicit bias training.
- Train faculty, security officers and administrators on how to de-escalate student conflict.
- Support teachers and school staff with stress reduction and wellness activities.
- Engage youth in leadership development activities to promote positive school climate (e.g. peer health education, peer mentoring).
- Work with school leadership to create an alternatives-to-suspension program (e.g. conflict mediation, restorative discipline).
- Provide individual or group interventions addressing behavior, such as anger management or substance abuse counseling.
- Provide case management for students with behavior concerns, including regular check-ins, teacher consultation, and family supports.

TIPS:

- Find out school's current suspension and expulsion rates, and other relevant school climate data (e.g. California Healthy Kids Survey).
- Determine if any ethnic or racial groups are disproportionately disciplined.
- Find out your school's targets for reducing suspensions or expulsions.
- Districts may elect to use Special Education dollars for Positive Behavior Interventions and Supports.
- Consider interventions used by schools that have successfully reduced their suspension/expulsion rates, or eliminated "willful defiance" as a punishable offense (see FixSchoolDiscipline.org).

For help engaging with your district, or for additional resources, please contact the California School-Based Health Alliance, www.schoolhealthcenters.org

- Samantha Blackburn, sblackburn@schoolhealthcenters.org (school-based health centers, school nursing)
- Alicia Rozum, arozum@schoolhealthcenters.org (behavioral health, school social workers, counseling)
- Lisa White, lwhite@schoolhealthcenters.org (policy/advocacy)

¹ Sheryl H. Kataoka, Brian Rowan and Kimberly Eaton Hoagwood, "Bridging the Divide: In Search of Common Ground in Mental Health and Education Research and Policy," *Psychiatric Services* 60, no. 11 (2009): 1510-1515. doi: 10.1176/appi.ps.60.11.1510.

² Kataoka, Rowan, and Hoagwood, "Bridging the Divide," 1510-1515.

³ Jenni Jennings, Glen Pearson, and Mark Harris, "Implementing and Maintaining School-Based Mental Health Services in a Large, Urban School District." *The Journal of School Health* 70, no. 5 (2000): 201-5. doi: 10.1111/j.1746-1561.2000.tb06473.x.

⁴ Jessica Strolin-Goltzman, "The Relationship between School-Based Health Centers and the Learning Environment," *Journal of School Health* 80, no. 3 (2010): 153-159. doi: 10.1111/j.1746-1561.2009.00480.x.

⁵ Susan Stone, Kelly Whitaker, Yolanda Anyon, and John P. Shields, "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets," *Journal of Adolescent Health*. Published online July 10, 2013. doi: 10.1016/j.jadohealth.2013.05.011.

⁶ Stone, Whitaker, Anyon, and Shields, "The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets."

⁷ Susan Barrett, Lucille Eber, and Mark Weist, editors, *Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support*. (University of Maryland Center for School Mental Health, 2013). Available at http://csmh.umaryland.edu/Resources/Reports/Advancing_Education_Effectiveness_2013.pdf.