**CYBHI Audiocast, San Diego Unified School District Transcript**

**Arturo Chavez:**

School districts play a crucial role in our local educational systems, often navigating very diverse communities within their geographic regions to establish equitable and inclusive learning environments for all students. At their best, they serve as a catalyst for uplifting the well-being of their communities and ensuring that all community members have access to the supports they need. In this audiocast, we will learn how San Diego Unified School District is enhancing the mental health, wellness, and educational outcomes of their students and community through district-wide practices, strategic partnerships, and school-based wellness centers. Their comprehensive approach includes day-to-day and one-on-one targeted interventions, all supported by the high-level oversight of the district office.

Hi, my name is Arturo Chavez. In addition to my voice, you'll hear from Nicole DeWitt, Senior Executive Director of Thriving School Communities for San Diego Unified School District. Marlon Morgan, founder and CEO of Wellness Together, and two San Diego Unified School District Wellness Center coordinators: Rasheedah Rashada from the Morris High School Center, and Danielle Octon from the Canyon Hills High School Center.

San Diego Unified serves over 121,000 students across more than 225 educational facilities. The diversity in mental and behavioral support needed across the district is vast. Nicole, SDUSD's[[1]](#footnote-1) Senior Executive Director of Thriving School Communities, shared more about the expansive landscape of the district and how they have worked to implement supports district-wide.

**Nicole DeWitt:**

We are the second-largest district in the state of California, very large urban district, very diverse. So we have students from all different ethnicities, cultural backgrounds, socioeconomic status, serving high amounts of foster, homeless children, youth in transition, multilingual learners, students receiving special education services.

We have traditionally offered the majority of our mental and behavioral services through our Medi-Cal partnership for students who qualify for Medi-Cal in partnership with our county behavioral health services office. Then in addition, students who have behavioral or mental health supports as part of their IEP. But in recent years after going through the pandemic, we have partnered with seven different local providers to provide mental health services at school sites for any student. So regardless of their Medi-Cal or IEP status, they are able to have access to a mental health clinician that can provide both individual and group therapy. So that was something really important for us to institute and implement after coming out of the pandemic. Then in addition, we do have several wellness centers that are established at our high schools as well as school-based health centers that also provide both behavioral and mental health supports.

**Arturo Chavez:**

Working with so many providers, Nicole shared, is both crucial due to the sheer size of the district and also necessitating the creation of a system internal to San Diego Unified in order to streamline collaboration with the various partners.

**Nicole DeWitt:**

Because we're such a large district, it would be very challenging for just one provider to serve all of our needs. So by contracting with several different providers, we're able to get the quantity and level of clinicians that's needed. Having to juggle seven different providers within a singular system can be challenging, and so it was really important for us to set some foundational norms of the type of services that we expected those providers to provide and how families could access those services. So really using one type of very simple referral form, that would be the start of that referral process.

Then once the provider receives that information, they could then do their own internal intake process, but really wanting to make it very streamlined for that initial referral and accessibility. So that is one strategy that we utilize. We also are able to share the referral information at a very high level with our site administrators and counselors, so that way they can see which students are receiving services and the types of services that they're receiving, all in compliance with both HIPAA and FERPA so that we're not releasing any confidential student information. So that's been very helpful as well, establishing that two-way line of communication between the provider and the actual school site.

That was a very collaborative effort. Our program manager who oversees our mental health resource center really worked side-by-side with those providers to develop that referral form. Then in the initial meetings with providers, let them know this was our expectation, was to use this particular referral form for that initial referral from the school site or from the family. So we started off with that expectation before we even entered into the partnership so that they knew this was something that was really important, was having that streamlined process and not making it overly complicated for our sites to refer students. So we were just very upfront and transparent before even entering into the contracts what our expectations were.

**Arturo Chavez:**

Marlon, CEO of Wellness Together, one of the partner organizations that provides services within that district explained the initial challenges of working within that in-house system, but that ultimately it has created a better experience for students receiving services.

**Marlon Morgan:**

So at first, it was a little bit of a challenge for us not to use our own system because we needed to work and be a team player with the district and use their system, but their system ended up being really well-thought-out and works very well for the students. It's more uniform for the sites that we serve. So I think a lot of those challenges are when you first come into a district and start trying to work with them, making sure that you're not being redundant with the paperwork that you're asking someone to do for a referral, making sure that a student really gets the services. I would say, yeah, I think multi-tiered system of supports is something that is taken very seriously in San Diego and San Diego Unified School District.

That's very helpful for us because it means that the referrals made to our program are appropriate, and the more appropriate the referral, the better fit for the service, the better the student will do. So I think Wellness Education Lab, I should say, is a great Tier 1 intervention. It can be provided for free to anyone in the district, really in any district. Tier 2 interventions will sometimes look like a group, a process group, a counseling group that we tend to skew towards a smaller number in the group. We'd like to keep it around six or less participants for each therapist and make sure that if we can bring students together around a common problem that they're having, or take a look at some solutions together.

**Arturo Chavez:**

In addition to the support that Wellness Together and other partners provide, San Diego Unified has also created a network of school-based wellness centers that serve as a hub, providing the setting for an array of services that support their students. Danielle and Rasheedah, two of SDUSD's Wellness Center coordinators share more about the centers and the roles they play.

**Danielle Octon:**

I think the way for me to describe it is I always go back to what is wellness. For us, since we are the hub of student support services, every student's well-being is what we're really here for. We want them to be thriving and healthy and happy and living well. So how do we actively achieve that? Well, that's the umbrella of wellness. It starts with our centers. If you're a student and you come into the center, it's a safe, inclusive, non-judgmental space. All of our staff are trauma informed. We all have that restorative lens. Our space is like it's created with our youth. They have ownership in this space, so we create collective agreements together. We want them to feel like this space is theirs, and it's a place that they have ownership to. So for me, that's the foundational piece of what we're here for on campus.

I think our position is also looking at that resource case management piece. What are all the things that they need? We are the bridge. How are we going to connect them? Are those entities quality services, are they really providing the students with what we are trying to get the students access to, and is it a closed loop process? We definitely look at what universal supports are we providing, which community organizations are able to do that that our students and families are familiar with? Then who do we need to reach out to in the district and bring programs in to supplement? What are those secondary and third layer, those targeted and more intense supports do we have, who's providing them? How often can they be provided? What is our data showing? You can really take that data and go back to the school and really problem solved a lot of those health equity pieces I feel like.

**Rasheedah Rashada:**

Every day is different because we said linking to services is the foundation, however, we're a hub and so we're a safe space. Even for staff, staff come in to take a break. But on any given day, just for example, today I had about four community partners here. One was facilitating a group, the other one was the military family life support counselor who engages our military families, and then another therapist from our community partners who for our students with Medi-Cal to receive their behavioral health needs. So they have a caseload that they manage and then they meet here.

**Arturo Chavez:**

Nicole also shared some challenges they have addressed along the way.

**Nicole DeWitt:**

So one of the challenges that we're facing is that there's a very big difference between a student needing therapy and a student needing social-emotional support. So what we were seeing is a lot of students were being referred for mental health therapy that weren't at that level of need yet. They may have needed a check-in with someone, or they may have needed a social skills group or just a social group in general, other kids that they can connect with. So what we're trying to do right now is really define that difference between when you refer to a mental health clinician versus what social-emotional supports another staff member could provide, whether that's a counselor or another trusted adult on campus. So that way we're not inundating our providers with a lot of referrals that may not be at the level of therapy. We actually put together focus groups of counselors to talk through what were some of the barriers or challenges of their students accessing mental health services?

So based off of that focus group, we're now working on a decision tree for when staff refer students to mental health services that we can then share out with our school site staff members so they have a better understanding of when a student needs a referral to a clinician versus a social-emotional support. We did just receive an award from the county BHS[[2]](#footnote-2) to participate in a Screening to Care Initiative. So the Screening to Care Initiative will actually live in our middle schools, and what it will utilize is a mental health screener. We use the SAEBRS[[3]](#footnote-3) screener in our district. That's the one we have access to. So students will take the screener and then there will actually be a care coordinator who will look at the results of the screener to help connect students to either Tier 3 mental health therapy or Tier 2 or Tier 1 social-emotional supports.

**Arturo Chavez:**

But overcoming these obstacles has been well worth the efforts, Marlon and Rasheedah were both excited to share stories of impact from their perspectives within the different parts of the system.

**Marlon Morgan:**

I know there was a story at a high school in San Diego recently where a student had moved here to leave a bad situation in another country, and there were really not a lot of other interventions available to that student on campus. The student's language is Mandarin, and we did have a clinician that we were able to connect that student with for therapy who speaks Mandarin, who can provide the services in the student's home language. I think that the feedback that student ended up giving was that she felt seen, and that moved us all when we heard that from the clinician.

**Rasheedah Rashada:**

I can say that we're legitimately saving lives. A student has shared with me she doesn't feel that she would still be amongst us if she didn't have the support from myself and one of our community partners, because this is a young lady that we've supported. Well, she's experienced a great amount of childhood trauma, has severe anxiety, depression, and she comes here to decompress. She does wellness activities. She was connected with the community partner to receive supports. Students have been able to become empowered and have a voice and just learn proper coping skills with what they're dealing with and be able to articulate and just give them a sense of agency on it. But we are a very popular place on campus because everyone just feels safe and welcome, every student.

There's no complaints or anything, but staff feel welcome. It's just a great safe space for people to just deal with whatever they're going through, emotionally, mentally. I would say it's important because we give hope, we give faith, we show up, we restore those things because the community -- southeast San Diego is an underserved community, but a lot of people have, just they've lost hope. They've lost faith in our systems. They may have had a run with people or just different experiences, but we restore that. We create a positive impact on them and to show them, "No, there are people here who truly care, who are truly going to help you from A to Z and non-judgmental and really provide that safe space.”

**Arturo Chavez:**

In closing, Nicole and Marlon shared advice for school districts doing this important work of supporting student mental health.

**Nicole DeWitt:**

I do think that there has to be a baseline level of services that we as a district provide to all of our school sites. I think that's critical, and then I think that sites should be able to have the flexibility to determine if there's some variation that's needed that they could support with site-based funding. So I do think that there is a certain foundational level of service that we should provide as a district office and supports that we should provide centrally as a district office that any school site has access to in order to provide every student with access to services.

**Marlon Morgan:**

I think the very first place that I would start is making sure that the organization you're working with is a nonprofit. They are at least allowed to put the students and the family's needs first, that the folks that you want them to come in and help and support, I would want them to be able to do that without interference from someone who may need to feel the pressure of making additional profit; asking a lot of questions, really interviewing the organization that you think will be helpful, making sure that they've had some success in school sites that have your similar demographic that you're serving, even asking questions about the diversity when it comes to their clinicians. Are they able to provide and hire and train clinicians that reflect the community that they'll be serving? Because that's often very important. Whenever possible, that's something that should be prioritized.

**Arturo Chavez:**

Thank you to Nicole, Marlon, Rasheedah and Danielle for sharing how they are increasing access to mental and behavioral health services for youth in their community. We hope you have enjoyed this audiocast, which is one part of a series of stories highlighting promising practices across California to support children and youth, mental and behavioral health and well-being. This series is supported by California's Children and Youth Behavioral Health Initiative, a historic $4.7 billion investment by the state of California to enhance, expand, and redesign the system that supports behavioral health for children and youth across the state.

1. SDUSD stands for *San Diego Unified School District* [↑](#footnote-ref-1)
2. BHS stands for *Behavioral Health Services* [↑](#footnote-ref-2)
3. SAEBRS stands for *Social, Academic, and Emotional Behavior Risk Screener* [↑](#footnote-ref-3)