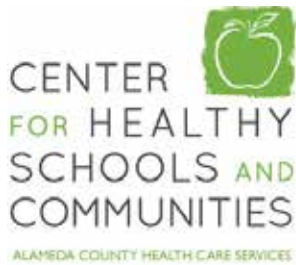# Readiness to Learn:
COST Progress Report

Strengthening Health and Wellness Supports for Students

COST

CENTER
FOR HEALTHY
SCHOOLS AND
COMMUNITIES

ALAMEDA COUNTY HEALTH CARE SERVICES

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Acknowledgments

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COST

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Strengthening Health and Wellness Supports for Students.

Readiness to Learn:
COST Progress Report June 2019

Introduction to Readiness to Learn

A Coordination of Services Team (COST) is a school-based strategy for coordinating learning, health, and wellness supports for students.

Approach

COST teams, a multidisciplinary group of school staff and providers, perform four major tasks: [1]

1. Identify students through a school-wide referral system.
2. Assess referred students by exploring their strengths and identifying opportunities to offer them additional supports at school.
3. Coordinate efforts to link students to appropriate supports, track progress, and build tailored interventions.
4. Expand learning supports at the school, make recommendations about resource allocation, and recruit new resources.

Alameda County's Center for Healthy Schools and Communities (CHSC) partners with the 18 school districts in Alameda County to support the implementation and sustainability of COST teams at school sites, among other school health strategies. CHSC builds school district capacity to coordinate COST. CHSC provides training, coaching, and technical assistance to COST coordinators, administrators, school leaders, teachers, and other school staff to support high-quality implementation of this care coordination approach.

Alameda County Health Care Services Agency (HCSA) is the local health jurisdiction for the over 1.6 million diverse residents of Alameda County. Its investment in education through the CHSC is a strategic effort to improve health outcomes through targeting education as a critical social determinant of health. Local and national data demonstrate clearly that health and education outcomes are deeply linked. Healthy students learn better; and education contributes to longer, healthier lives. The CHSC designs education and health supports, such as COST, to achieve its vision that all youth in Alameda County graduate healthy and ready for college and career.

This report documents best practices and lessons learned from implementing COST in Alameda County's schools. CHSC engaged Bright Research Group (BRG)—an independent evaluation and strategy firm in Oakland, California—to conduct this inquiry. This report details the role and impact of the COST model in supporting school systems, school and district leadership, and teachers; it also documents best practices and lessons learned that schools should consider in planning and implementing COST.

Methodology

The data and learnings in this report are derived from the following methodologies:

District Health and Wellness Consultant Survey (n=14)

CHSC employs District Health and Wellness Consultants (DHWCs) who provide coaching and consultation on

1 Alameda County CHSC, Coordination of Services Team Overview, 2015. The complete COST Toolkit is available at: http://www.achealthyschools.org/schoolhealthworks/programs/cost-toolkit.html

school health initiatives to each of the County's partner school districts. DHWCs are surveyed twice annually—in the middle and at the end of every school year. The DHWC Survey consists of 32 items related to the dosage, duration, quality, and impact of capacity building and direct service support including implementation of COST, positive school climate initiatives (e.g., restorative practices, Positive Behavioral Interventions and Supports, etc.), and other youth development initiatives. Survey items gather both quantitative and qualitative data. The DHWC survey from the 2017–2018 school year informed this report. This data was gathered in June 2018.

COST Coordinator Survey (n=111)

From April 2018 – June 2018, BRG disseminated a 31-item survey to all COST coordinators in Alameda County. The survey queried coordinators about their perceptions of COST implementation, successes, challenges, and impact. Survey questions were both open and closed-ended. A total of 111 COST coordinators completed surveys; 93 surveys were fully completed; and 18 surveys were partially completed.

COST "Deep Dive" Study

From September 2018 – December 2018, BRG researchers set out to further explore the implementation of the COST

Interested in implementing or improving COST at your school?

CHSC's COST Toolkit offers several resources to support implementation, including job descriptions for a COST coordinator, confidentiality and data sharing tips, referral tracker sheets, sample agendas, rubrics to measure success, and more. Access the toolkit here:

http://www.achealthyschools.org/schoolhealthworks/programs/cost-toolkit.html

model at three schools in Alameda County: 1) Jackson Avenue Elementary School (Livermore Unified); 2) Newark Junior High School (Newark Unified); and 3) San Leandro High School (San Leandro Unified). These three schools were identified based on their length of time implementing COST—Jackson was new to COST (1–2 years), Newark was emerging (2–3 years), and San Leandro was advanced (4–5 years). This inquiry consisted of ten key informant interviews with district leaders, school administrators, COST coordinators, teachers, and district health and wellness consultants; observations of COST meetings at each school; a review of 2017–2018 COST

tracker[2] data; and a review of Clinician's Gateway[3] data. All quantitative data was analyzed using descriptive statistics and bivariate analyses. Open-ended questions and key informant interview data were analyzed using a content analysis approach.

For more information and data about these three schools and their COST models, please refer to Appendix A of this report.

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2 COST Trackers are used by each school implementing COST to keep track of student referrals, linkage to care, status and outcome of service that was offered to the student referred.

3 Clinicians Gateway is used to track services provided to Medi-Cal eligible students and their families.

What Is the Value of COST to Alameda County Schools?

As a result of the partnerships between school districts and CHSC, over 200 schools in Alameda County have functioning COST teams; and several districts are expanding COST to additional schools. (See Figure 1.) At least seven school districts have COST teams operating at all their schools. In the 2017–2018 school year, 13,800 students were referred to COST teams in Alameda County schools. COST teams referred 75% of those students to prevention, early intervention, and treatment services that support mental health, social emotional health, and academic success. Two-thirds of students were able to connect with the referred service within 30 days of receiving the referral (i.e., they met with the service provider at least once).

When asked about the value of COST implementation, school district administration and school site leadership identified the following key contributions to their priorities: multi-tiered system of support, resource planning, expanded teacher capacity, and early warning indicators.

Multi-Tiered System of Support (MTSS)

COST provides a process and approach for implementing the California Department of Education's Multi-Tiered System of Support (MTSS) framework at school sites.

Through MTSS, the State of California offers schools a framework to improve systems of support to ensure "all students' academic, behavioral, and social success."[4] (See Figure 2.) As school districts and individual school sites seek solutions and models that achieve MTSS's objectives, CHSC offers COST as a model for triaging and referring students to support services that are available at school sites.

4 California Department of Education, accessed: https://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp

Joanne Clark, Director of Prevention and Intervention at San Leandro Unified School District (SLUSD), reported: "Many of our students face a variety of challenges outside and inside the classroom and it is our job to educate and support the whole child in a tiered system of support. If organizations don't have a system in place to appropriately and efficiently connect students to the right supports, it can drain the school's capacity and ability to sustain the supportive programs each year. Structurally, we needed to have a systematized process for student support referrals in place at each school site and communicated widely to our staff as a resource. That's what COST provides."

Over the last three years, SLUSD has implemented a comprehensive multi-tiered systems-wide strategic initiative to align academic and behavioral

Figure 1. Students Served through Alameda County's COST Teams, 2017–2018 School Year

13,800 Students referred
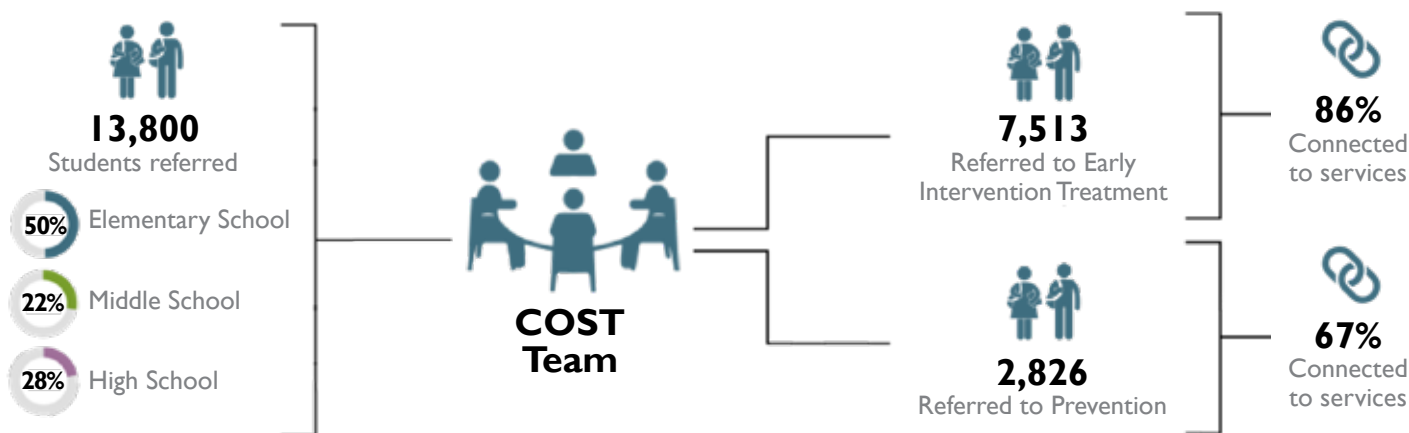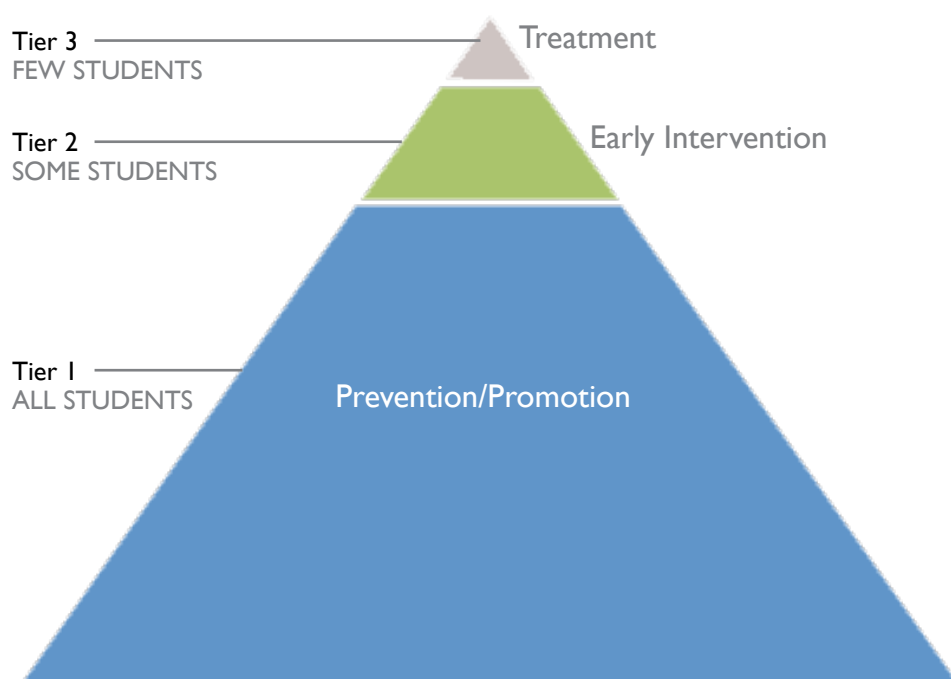
50% Elementary School

22% Middle School

28% High School

COST Team

7,513 Referred to Early Intervention Treatment

86% Connected to services

2,826 Referred to Prevention

67% Connected to services

Figure 2. Multi-Tiered System of Support (MTSS)

Tier 3
FEW STUDENTS — Treatment

Tier 2
SOME STUDENTS — Early Intervention

Tier 1
ALL STUDENTS — Prevention/Promotion

interventions and supports in their schools. Their Multi-tiered Integrated Intervention Support System (MIISS) maps at-risk academic and behavioral indicators for students and protocols that designate the appropriate interventions for students who meet those risk indicators, and specify the staff and teams responsible for delivery of those interventions. MIISS outlines and differentiates the appropriate uses of COST and Student Success Teams (SST) and highlights the district's prioritization of COST as a foundational element to school resource planning and service delivery for students. Overseen by the Director of Prevention and Intervention, MIISS provides leadership, direction, and solutions to support schools in delivering high-quality referrals to academic and behavioral supports for their students.

Resource Planning and Framework

COST allows administrators to make timely, data-driven resource decisions.

In Alameda County schools that are implementing the COST model, school site and district administrators report using COST data and information to inform resource allocation decisions at school sites, e.g., community-based providers; school psychologists; academic counselors; behaviorists; or other Tier 1, Tier 2, or Tier 3 resources that are responsive to the unique needs or challenges facing the student body population. Student-centered COST teams provide an organizing framework for school-based resources and supports.

(See Figure 3.) Joanne Clark from SLUSD states: "Without a COST team, there is no way to ensure that we are providing resources to our schools in an equitable fashion. LCAP/LCFF funding is based on needy populations. If you don't have a system in place to track and understand and put together the resources at your school site, then there is no way to be able to speak to the fact that you are delivering on your promise to serve the needs of these children. We need this process."

Principals and district administrators see COST as an opportunity to identify trends in the needs and experiences of their student body population, and to develop resources or plan assemblies, events, or programs that respond to those trends. Heather Ryan, the COST Coordinator at Newark Middle School, states: "After several meetings where we were discussing child after child who had been cutting or sharing suicidal ideations, we really started to get concerned. We noticed that there was a popular teenage television show that might be contributing to this trend. Through COST, we were able to broker therapeutic supports to ensure the safety and well-being of each individual student who we identified with an issue; but we also decided that we needed to have more intentional preventive conversations with the entire student body and to educate parents about this show." COST provides a team of stakeholders with a school-wide lens of the community challenges that students face outside of the classroom and that affect their readiness to learn.

Figure 3. COST Organizing Framework [5]
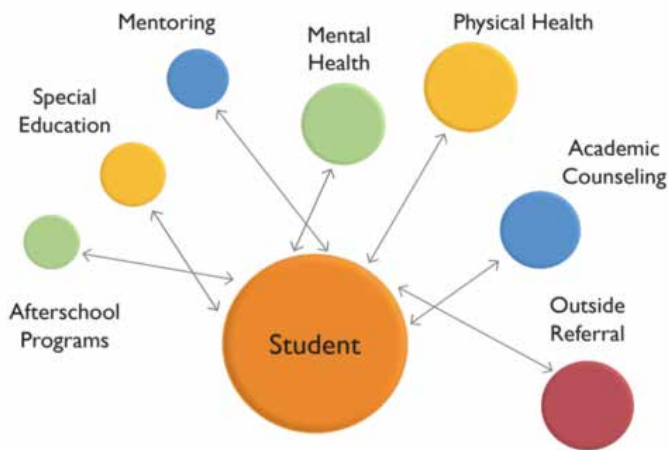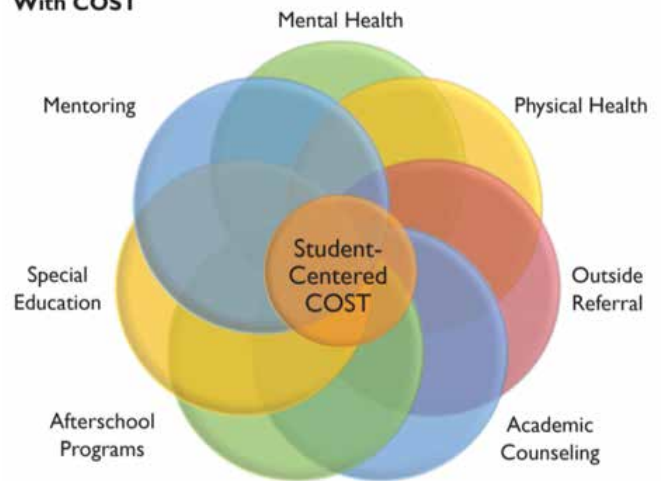
Expanded Teacher Capacity

COST expands teachers' capacity to support students who have academic and behavioral challenges in the classroom.

When teachers notice concerning academic trends or behaviors of a student, they can refer the student to COST for assessment and support. Teachers may not have the knowledge or capacity to identify the underlying social emotional or behavioral health challenges that may be contributing to the students' academic performance or behavior in the classroom. COST ensures that the teacher knows that when they refer a student, there is a team at the school who is charged with assessing the student, referring the student to supportive services, and tracking and following up with the student and their family. Highly effective COST teams also report that they share relevant information with the teacher in order to support their own understanding of the student, the challenges they are facing, and the interventions/supports that COST is offering to the student because of the teacher's referral. COST provides an

opportunity for schools to identify and support students who may not require an individualized education plan (IEP), but who do need additional support periodically or throughout the school year in response to trauma, crisis, or other behavioral or academic issues.

The schools studied through this inquiry all reported that, as teachers understand the role and benefits of COST, the COST teams often notice an increase in referrals from teachers over time. While increased referrals may indicate an increased recognition of the value of COST by teachers, COST coordinators sometimes find that referrals are not always appropriate or necessary for COST. COST coordinators may need to provide additional consulting and advising to teachers on when a student should or should not be referred to COST. The goal of COST is not to connect all students to therapeutic resources or other referrals, but to ensure that those resources are available and accessible to those students who need it. COST coordinators ultimately must support teachers in ensuring that students receive the lowest level of intervention possible in the classroom, and that teachers are only referring

students when classroom supports are not effective.

In Alameda Unified School District, COST teams have developed a process that requires that teachers offer Tier 1 supports to students for 4–6 weeks and gather data about the supports and the students' response to it before any initial referral to COST. COST will only triage and assess a student if a teacher has documented these initial efforts to support students. If the teacher has followed through on this process, then COST teams will take the lead in supporting the student and offering Tier 2 or Tier 3 services to that student. Before this approach was adopted, teachers were referring many students for special education assessments which were not necessary. In the 2017–2018 school year, Alameda Unified School District reported a 60% decrease in requests for special education assessments; and the students who were referred to special education support were appropriate for that type of assessment. District stakeholders identified this process with COST as a key driver of this outcome.

Early Warning Indicators

COST provides schools with the tools to proactively identify students with academic, mental health, or other social emotional needs and coordinate the necessary care, services, and supports for that student and their family or caregivers.

School leaders and teachers see COST as an opportunity to increase access and linkage to treatment and supports for students with serious mental illness, as well as for students who are experiencing episodic mental health crises, social emotional challenges, and/or significant academic challenges.

While many COST teams rely on referrals from teachers, administrators, other school staff, or students themselves, some COST teams assess any student exhibiting early warning indicators. For example, at Newark Junior High School, students are automatically referred to COST if they have:

- Five or more absences.
- Three or more F's on a progress report or report card.
- Been identified as homeless or unstably housed (i.e., served by McKinney Vento office).
- Met with any disciplinary action, such as suspensions or restorative justice interventions.

In addition, Newark Junior High School noted that any entering 7th grade student who was assessed by a COST team in elementary school or who had similar risk criteria is also referred to COST. Similarly, when 8th grade students are graduating and moving on to high school, the COST coordinator alerts the high school COST team about any behavioral or academic interventions that were offered to that student during middle school. These strategies aim to build a continuum of care that bridges students' supports as they transition from elementary to middle to high school.

In San Leandro High School, COST reviewed truancy data for all 11th and 12th grade students to identify students who were at risk of not graduating because of their missed classes. COST reviewed data on these students, including the reasons provided for truancy, and the team developed a weekly group curriculum on truancy. These students were required to attend a weekly group to earn credits to make up for time lost in school, and to learn about how truancy impacts their ability to graduate. These examples highlight how COST can help schools use data to plan and broker resources to ensure success for all students.

Teacher and Staff Testimonials on the Value of COST

"COST is a team and community effort. A good COST team can really change the culture of acceptance and empathy around mental health issues on campus."

"We had a student struggling with psychotic symptoms who was continuously suspended. Because COST got involved and was able to work with family, the child was able to get treatment that was warranted instead of falling through cracks and having it take much longer to get the support he needed."

"If it's working well, COST can help us catch issues early, or track how a student is doing to better understand when we need to step in and offer a deeper level of support."

"Families have been connected to valuable housing and service resources through COST, which has made the difference between fear and struggling and living in a safe and comfortable environment."

What Are Best Practices and Lessons Learned from Implementing COST?

A survey of COST coordinators at 111 schools in Alameda County and interviews with school leaders and staff pointed to the following key lessons in implementation.

Strong and Resourced COST Coordinator

The success of a COST team relies on a strong and supported COST coordinator. Effective COST teams are facilitated by a lead coordinator. Some school districts in Alameda County—such as Hayward Unified School District—employ full-time COST Specialists to lead COST teams, shepherd and broker resources, collect data, monitor implementation, and ensure quality connections to services.[6] However, most COST teams in Alameda County are coordinated by existing school staff, who are provided with an annual stipend to administer COST. Principals or assistant principals, school counselors, and school-based mental health providers are most likely to hold the stipended COST coordinator roles in Alameda County; 85% of COST coordinators reported being employed directly by the school, while 15% reported being employed by a school-based provider/partner. When COST coordinators are existing school staff, school districts develop letters of agreement with teachers' unions that clearly outline the stipends, selection process, scope, and other provisions related to this staffing resource. School stakeholders identified certain benefits allotted to those who held the COST coordinator role at schools (see Figure 4 below).

6 A sample job description of the Hayward Unified School District COST Specialist position can be found here: http://agency.governmentjobs.com/haywardusd/default cfm?action=viewclassspec&classSpecID= 1204240&agency=1527&viewOnly=y

Figure 4. Multiple Models of COST Coordinators and Associated Benefits

COST Coordinator	Benefits
Principal or Assistant Principal	• Ensures good startup model for a school starting COST • Demonstrates to the school community that COST and behavioral/wellness supports are a priority • Uses existing relationships with family members of students referred to COST to allow for effective referrals and follow-up
School Counselor	• Supports counselors' abilities to deliver wrap-around services to students with severe behavioral health and academic needs • Ensures that students with pressing needs are on the counselor's case load • Is able to identify school-wide issues and trends and address them through efforts to improve school climate
School-based Mental Health Provider	• Able to view and assess referrals through a mental health lens • Able to check for student insurance eligibility and eligibility • Able to bill for any direct service to students who are Medi-Cal eligible
COST Specialist	• As full-time equivalent position, dedicated to high-quality implementation of COST • Suitable for schools with longstanding or established COST teams who need a full-time staff person whose primary focus is COST

COST coordinators point to the following lessons learned to maximize their efficacy:

Dedicate appropriate staff time to the COST coordinator role. Over three-quarters (78%) of COST coordinators spend less than 10 hours per week executing the responsibilities of this role. Coordinators at schools that had longstanding COST teams spend more hours per week on COST than newer schools. In fact, 16% of COST coordinators with established COST teams (5 years or more) spent 20–40 hours per week on the duties associated with coordinating COST. As COST teams become more fully integrated into the school's culture and processes, administration will need to budget for the increased time needed to play this role. Some of these schools hired full-time COST Specialists to administer COST (see Figure 4, previous page).

Document the school's approach to support transitions. 70% of COST coordinators had only held the role for 1–2 years, indicating high turnover in this role at schools. Documenting the school's approach to leading and implementing COST will ensure that the team can remain effective during these transitions. Documenting the processes and protocols for how COST is integrated at the school, and how it conceptualizes student and teacher follow-up, will support sustainability of COST during times of transition.

Support Coordinators through external training and technical assistance. Alameda County's CHSC provides an integral role for training, coaching, and consultation to COST coordinators and the broader school community. In interviews, COST coordinators, principals, and district leadership pointed to CHSC's training and resources as a significant benefit to the launch and success of COST teams. Stakeholders noted that the County's orientation training about the purpose of COST was an important turning point in encouraging teachers to start referring students to COST. In addition, COST coordinators benefited from the individualized support and coaching that CHSC provided as needed and requested. Finally, COST coordinators pointed to the importance of providing regular refresher trainings and reminders to school staff about the value of COST and its benefits in supporting student academics and classroom behavior.

Support of School and District Leadership

COST teams are most effective when they have the buy-in and support of school site leadership and district-level administrators.

The COST model is most commonly propagated throughout schools in two ways. In some cases, district leadership prioritizes district-wide implementation of COST and allocates resources toward individual school sites to start and administer their COST teams. In other cases, individual school sites start COST teams; and, once they gain traction and integration at the school site, they offer what they learned to other schools in the District or to District administrators. In this way, they make the case for additional investment in COST throughout the district. In San Leandro, CHSC partnered with San Leandro High School to start a COST team.

COST Team members meet bi-weekly to review student referrals.

After a few years of successful implementation, the District incorporated the COST model into its district-wide MIISS approach (described above). Once the District prioritized COST, they ensured that all its school sites understood how COST fit into the District's strategic plan and goals, and ensured that schools had resources to offer treatment, support groups, and other services to the students supported through COST. Alternatively, Livermore Unified School District leadership had prioritized standardizing MTSS throughout its schools, and CHSC offered them the COST model as a method to do so. This school year was the first full year of COST implementation for some of Livermore's individual school sites—including Jackson Elementary, a focus of this study. Regardless of how COST comes to a school, principal support and engagement in COST is seen as integral to the success of the team.

COST Meeting Structure and Process Flow

A COST multi-disciplinary team should have regular standing meetings with a standard agenda and case conferencing format.

The average COST in Alameda County has nine team members, with 93% reporting that at least one school administrator sat on the team. Administrators, counselors, social workers or clinical case managers, community school managers, and parent liaisons are the most common participants noted on COST teams.

Most COST teams meet either once a week (42%) or every two weeks (41%). Meetings are facilitated by the COST coordinator in a case conferencing format, where each team member shares data or knowledge on

the student that is being discussed. For example, at Newark Middle School, the COST team spends 5–8 minutes discussing each student, with the academic counselor reporting on their grades, the assistant principal reporting on attendance and disciplinary action, the school-based mental health provider reporting on any engagement in clinical services for the student or their family, the parent liaison reporting on any knowledge and relationship with the student's family or caregiver, and the school counselor reporting on any other social issues or services that the student has accessed at the school. After reviewing these various data points, the COST team makes recommendation(s) regarding referrals or follow-up items for the COST coordinator or other team members to engage with the child and their family.

Most COST meeting agendas include three core components. First, the COST team discusses school-wide issues, news, or concerns that may be impacting the student body. For example, in a recent COST meeting at San Leandro High School, the team discussed the sudden death of a recent alumni and the effect it was having on the student body. The COST team discussed the need to offer immediate grief counseling to the student body, and to have grief resources more available. Next, COST teams discuss new referrals and provide recommendations for referrals and follow-ups for that student. Finally, the COST teams review action steps from the previous meeting to see if they were completed and check on whether the student was connected to services. Figure 5 illustrates best practice process flow for coordinating COST services.

Figure 5. Best Practice Process Flow for Coordinating Services for Students via COST

TEACHER/ STAFF TRAINING

COST COORDINATOR

- Orient entire school community on the COST model
- Provide instructions on when/how to make referrals

REFERRAL TO COST

ANYONE

- Students may self-refer to COST
- Parents/Caregivers may refer their child to COST
- Teachers/other school staff or the COST Coordinator themselves may refer a child to COST

PRE-TRIAGE

COST COORDINATOR

- If possible, check in with referral source to understand the reason for the referral and any other relevant information
- Review student data in the student information system
- Check the student's insurance coverage

TRACKING AND EVALUATION

COST COORDINATOR

- Track status of contact with student, if student accepted the service offered, and date that service was initiated

LINKAGE TO SERVICE

DESIGNATED COST TEAM MEMBER

- Contact student (and guardian) to provide linkage to service/ resource

COST MEETING

COST TEAM

- Review referrals, provide input, and decide together what actions should be taken to best support the student

FOLLOW UP

DESIGNATED COST TEAM MEMBER

- Follow up with the individual who made the referrals and provide an update, when possible, on support being provided
- Follow up with student and family on how they are doing
- Review student progress in subsequent meetings

Resource Challenges and Solutions

COST is an effective model for offering early intervention and coordinating care, however, schools must address resource constraints to maximize the potential for impact on student success.

Once a COST team is launched and operational, schools may face challenges related to generating student referrals, matching student needs with the appropriate intervention(s), ensuring availability and capacity of school-based or community-based intervention(s), and data tracking and follow-up. While aware of the need for additional investment in the services needed to achieve the ultimate vision of COST teams, the schools in Alameda County offer some solutions to these challenges, as described below.

Challenge: Teachers are not referring students to COST teams because they are not aware of COST or do not understand how COST can support students.

Solution(s): COST coordinators throughout Alameda County agree that it will take time—in some cases, several years—for school staff to integrate the concept of COST and learn about when it is appropriate to refer a student to the COST team. To overcome this challenge, many schools and districts have implemented a common referral form that they distribute throughout the school district and promote during faculty meetings, SST meetings, and other school staff meeting venues. COST coordinators—often with the support of CHSC—also provide initial trainings and refresher trainings to staff about when to refer students to COST and the potential value of this referral. In some schools, such as Newark Middle School, COST teams primarily discuss students who exhibit early warning indicators, such as missed school days, chronic absenteeism, disciplinary actions, or failing grades on a progress report or report card. Other schools, such as Jackson Avenue Elementary, are creating flow charts that detail each aspect of the COST referral process to disseminate to all teachers and staff as a resource to improve their understanding and awareness of COST.

Student Success Story

Jamal* was referred to COST due to chronic absenteeism. During pre-triage, it was discovered that his attendance rate was nearly 50%. The COST team moved quickly to refer Jamal and his family to SART and to an attendance social worker, who obtained consent from his parents to arrange individual therapy sessions for Jamal. In therapy, Jamal revealed that he had a sibling with a serious mental illness who had recently become violent with a family member. Jamal and his parents were connected to Victims of Crime services and began receiving treatment for post-traumatic stress disorder. By the end of the school year, Jamal's attendance had improved to 87% and his teachers reported a noticeable improvement in his engagement in the classroom and joy in learning.

*The student's name has been fictionalized and the school is not identified to ensure confidentiality.

Student Success Story

Brian* was referred to COST by a teacher due to concerns with his academics and classroom behavior. In reviewing his student history, it was discovered that Brian was a transfer student who had recently been placed in the custody of a relative and had been out of school for two years. The COST team decided to hold a Student Success Team (SST) meeting, which identified that Brian was one grade level behind in reading and math. Classroom observations were conducted in which it was noticed that Brian frequently became mentally fatigued by the middle of the day. He was not accustomed to the rigors of being in a school setting. Brian's guardian was provided with information to aid the team in supporting his success as a student; a plan was made in partnership with his guardian to get Brian's academics up to grade level. As changes were implemented, Brian's focus and energy improved. It was through the COST process, early on in Brian's attendance at his new school, that resources were provided and utilized to help him progress.

*The student's name has been fictionalized and the school is not identified to ensure confidentiality.

Challenge: Students may be referred to COST for academic needs, emotional/behavioral needs, social needs, or health/basic needs. COST teams may not always have enough information to recommend an appropriate intervention for the students' needs and may require a Student Success Team (SST) intervention.

Solution(s): COST teams are limited in the amount of time they can spend in each meeting to understand the underlying challenges and needs facing a student who was referred to COST. This means that COST teams often leave meetings with several follow-up items that require research and continued investigation before the team can make a recommendation for an intervention. Engaging families is often required to assess and connect students to appropriate interventions. Many COST teams have started to include Parent Facilitators or Peer Advocates in order to build authentic and supportive relationships with the families and caregivers of students.

All three schools profiled during the development of this report noted that having a school administrator on the COST team – who often interacted with students and their families – helped, not only to provide additional context to the student's referrals, but also to increase parent/guardian and student acceptance of the support service offered. One San Leandro High School COST member noted: "Having administration present is very beneficial. They have made COST successful because they have close connections with a lot of students and their families the rest of the COST team and behavioral health providers do not have. They help 'break the ice' when connecting to a parent whose child has been referred to COST."

COST teams may triage a student and decide to refer them to Student Success Teams (SST) to develop an individualized strengths-based plan for the student, and provide and track targeted academic, social-emotional and behavioral support, and interventions for that student. SSTs provide a more focused effort to track student outcomes and improvements than COST teams. While COST teams aim to follow up with student referrals, there are a higher volume of students who are reviewed by COST as compared to SST. SSTs reconvene every 6 to 18 weeks to review the success of interventions or supports for that student and to decide on additional interventions, if needed.

Student Success Story

Jerry* was referred to COST in the 3rd grade for multiple suspensions, disciplinary issues, and low academic functioning. Through the COST process, Jerry was given a thorough evaluation, a 504 plan, an individualized education plan (IEP), and mental health supports. By the 4th grade Jerry's academics and behavior were slowly improving and teachers were accommodating to Jerry's academic needs, according to his 504 and IEP. Jerry also began receiving daily check-in's and individual therapy. Over time, Jerry's suspensions declined and, by the 5th grade, his grades had improved dramatically; and he had not been suspended. Through the interventions decided upon by the COST team, Jerry was connected to resources that assisted in the development of learning, coping, communication, and social skills and strategies – resulting in increased academic functioning and achievement.

*The student's name has been fictionalized and the school is not identified to ensure confidentiality.

Challenge: COST teams need to track data on students to ensure that they are connected to services and to follow up with additional support as needed. Respecting the confidentiality and privacy of students is of the highest priority and requires careful and intentional data collection and storage.

Solution(s): Alameda County CHSC has designed a template—the COST tracker—for tracking referred students and the interventions offered to them. To protect student data and privacy, the sole owner and user of the COST Tracker data tool is the COST coordinator. COST coordinators log information discussed during COST meetings and note follow-up steps. 88% of COST coordinators have adopted the COST tracker or some other data tracking system for students referred to COST. The primary use of the COST tracker is to ensure that the student connects with services or interventions that are recommended by the COST team, and to track the student's health and academic improvement after connection.

At San Leandro High School, when a student is referred to a service, a COST member is assigned to follow-up with the student and the service provider to see whether the student has connected to the services. The COST member then reports back to the COST coordinator on the progress of that connection. If the COST coordinator does not get this feedback by the next team meeting, the coordinator inquires about the status of the follow-up at the next meeting and notes it in the COST tracker. A best practice is for COST coordinators to review follow-up items within one or two weeks to ensure accountability of the COST team and connection of the student to services.

Some school districts have started to incorporate relevant COST data into student information systems. San Leandro Unified School District (SLUSD) spent several years closely reviewing legal guidelines around student data, working with their IT departments to update the student

information system (Aeries) to include relevant data fields, and training teachers and COST coordinators on what type of data to track in Aeries. As a result, SLUSD's Aeries system includes fields to track academic and behavioral interventions offered to the student.

To protect student privacy, specific data about the type of counseling service, the reason for the service, or therapeutic data are not included. School district leaders and administrators hope that the cursory information provided in the student's file will provide teachers with an indication of additional support being provided for the student, may help them modify their approach with that student in the classroom, and may support them in alerting the appropriate officials if they notice any concerning behaviors or academic results for that student. By collecting this data over time, SLUSD and other school districts could evaluate the impact of COST interventions on students' academics.

Challenge: In general, COST coordinators felt that there were adequate academic supports and interventions available at the school, but that Tier 2 and Tier 3 behavioral interventions were too limited to meet the needs of all students who could benefit from them. Two-thirds (66%) of surveyed COST coordinators felt that there were not enough Tier 2 services available at their school; and 74% felt that there were not enough Tier 3 services available at their school. School psychologists are usually focused on working with students with individualized education plans (IEPs), and often do not have the capacity to work with students who do not have IEPs but may have counseling needs. In addition, many school-based mental health providers can only bill for services provided to students who are Medi-Cal eligible. As a result, students who are not eligible for Medi-Cal may not be able to connect with intervention or treatment services at school. While COST could connect these students to other community-based intervention and treatment services, only 23% of COST coordinators reported feeling "very aware" of community-based options they could offer.

Solution(s): These are significant challenges for COST teams that require advocacy, education, and support from school, district, and county officials. COST teams and coordinators must use their data and experience to make the case for additional resource

investments that can bring more Tier 2 and Tier 3 resources to schools, and to understand the options for other community-based interventions. 76% of surveyed COST coordinators reported that they utilize the data from COST referrals to identify and increase the supports needed at their school. COST coordinators reported needing additional time and support, and engagement from their principals, to be able to develop data-driven recommendations to solve some of these challenges. In addition, utilization of COST tracker data to justify the need for additional funding, or funding

reallocation, may aid in improving access to Tier 2 and Tier 3 services. Some district officials noted that they use COST data to track, understand, and reallocate resources at and between school sites. Other school leaders have also utilized COST data to attract more community-based partners to partner with at their school sites, in order to fulfill unmet needs. While these challenges do exist, COST creates an opportunity for schools to make the case for additional school-based or school-linked resources and also support future planning.

Conclusion/Outcomes

Expected outcomes of COST adoption in schools are significant (Figure 6). COST provides a framework for student-centered care coordination and integration of school supports and services. COST provides benefits to school systems and leadership, including a process and approach for implementing the California Department of Education's Multi-Tiered System of Support (MTSS) framework, the ability to make data-driven resource decisions, and expanded teacher capacity to support students. COST provides schools with the tools to proactively identify students with mental health, social emotional, and academic needs and coordinate the necessary services and supports for these students and their families or caregivers. COST aims to build a continuum of care that bridges students' supports as they transition from elementary to middle to high school.

With nearly 200 schools operating COST in Alameda County, this study reveals the flexibility of the COST model and its ability to be adapted to different school settings and communities. Schools benefit from COST when COST coordinators are provided with the time and resources to facilitate this convening; when school administrators are closely integrated in the implementation of COST; and when regular COST meetings are held by a multi-disciplinary team of stakeholders at the school. Best practices include tracking and following up with students who are referred to services by COST and engaging families/caregivers and students' teachers to ensure the students are supported.

Many schools with a COST team face common challenges: generating student referrals that are a good match for COST's supports; matching student needs with the appropriate intervention(s); ensuring availability and capacity of school-based or community-based intervention(s); and data tracking and follow-up. Schools should expect these challenges and be prepared to adapt and develop solutions that are appropriate for their own school community. When implemented with these best practices, lessons learned, and challenges in mind, schools can expect improved outcomes for students and their families, teachers and administrative staff, and school systems. To learn more about COST and how to implement it at your school or district, please contact the Alameda County Center for Healthy Schools and Communities (CHSC) for consulting, coaching, and training support (achealthyschools.org).

Figure 6. Expected Outcomes of COST Adoption

School Systems	Teachers and Administrators	Students	Families
More effective and equitable resource allocation for student services and supports	Increased capacity for teachers to support students with challenges	Increased readiness to learn	Increased knowledge and skills about how to support their child's overall wellness
Increased school investments in behavioral supports and services at school	Decreased reliance on disciplinary action	Improved academic performance	Increased collaboration and connection with their child's school
Improved knowledge of student body population and the community challenges facing them	Teachers supportive of and supported by COST	Earlier connection and linkage to prevention, early intervention, treatment	Increased connection to system partners who can help them advocate for their family's needs
Improved school culture and destigmatization of mental health and trauma	Increased empathy for mental health and trauma	Improved mental health	Increased connection to community services
	Increased orientation towards teamwork and shared responsibility for supporting students		

Appendix A:

COST Case Studies in Three Alameda County Schools

Appendix
COST Case Studies in Three Alameda County Schools

A core methodology for this report was a study of COST implementation at three distinct school sites in Alameda County: San Leandro High School in San Leandro School District, Newark Junior High School in Newark Unified School District, and Jackson Avenue Elementary in Livermore Unified School District. Data about the demographics of these schools, and the compositions of their COST teams, are provided in Figure 7 below. This appendix highlights key features, data, and learnings from each of the three school sites, which informed the findings of this report.

Figure 7. An Overview of COST Implementation in Three Alameda County Schools

	Jackson Avenue Elementary School	Newark Junior High School	San Leandro High School
School District	Livermore Unified School District	Newark Unified School District	San Leandro Unified School District
Total Student Body Population[7]	537	901	2,608
Students of Color	59%	84%	91%
English Learners	29%	12%	17%
Socioeconomically Disadvantaged*	43%	54%	61%
Number of Years Implementing COST	1	5	4
COST Coordinator	Principal	School Counselor	Teacher
COST Team Size	5-6 members	6-8 members	8-12 members
Number of Students Referred to COST [8,9]	25	189	191
Number of Students Linked to Treatment or Services through COST [8,9]	19	150	143

* Socioeconomically Disadvantaged (SED) students are defined as students: (1) who are eligible for the free or reduced-price meal (FRPM) program (also known as the National School Lunch Program, or NSLP), or have a direct certification for FRPMs, or (2) who are migrant, homeless, or foster youth, or (3) where neither of the parents were a high school graduate.

7 California Department of Education. 2017-2018 Student Accountability Report Card. https://www.cde.ca.gov/ta/ac/sa/
8 2017-2018 COST Tracker from Newark Junior High School and San Leandro High School
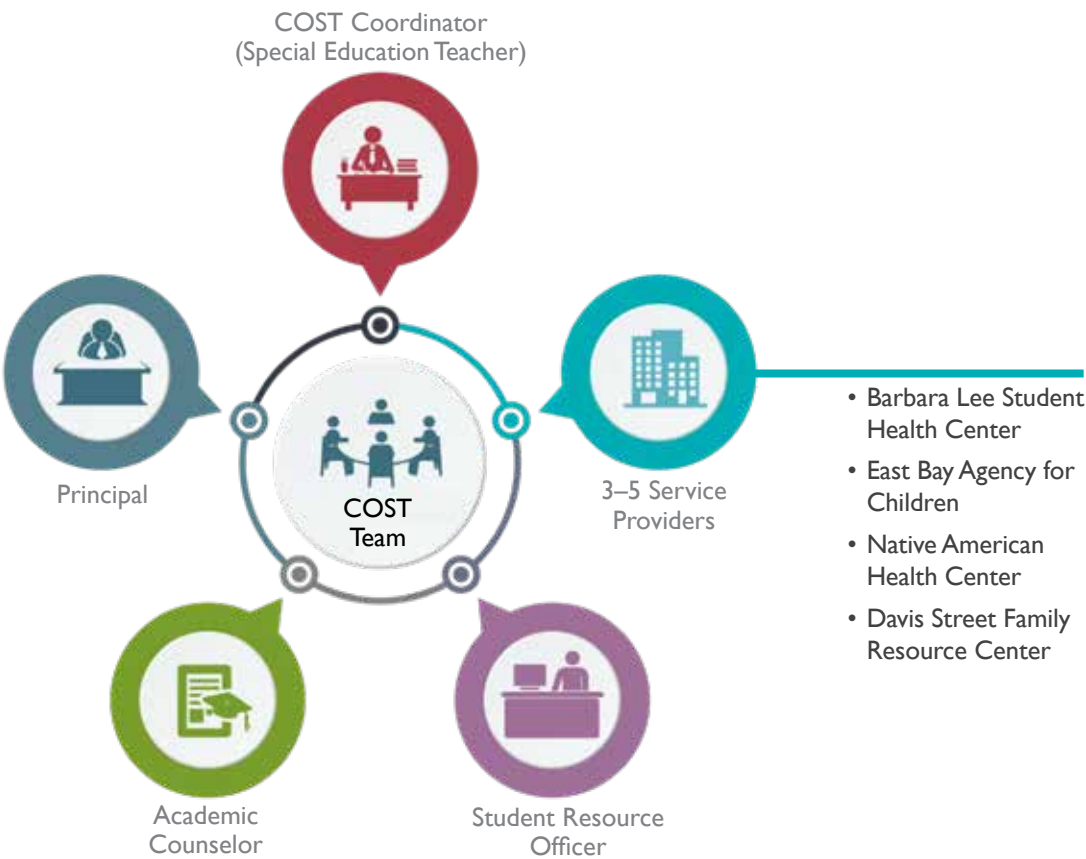9 Bright Research Group. 2018 COST Coordinator Survey.

Snapshot: San Leandro High School

Background

With over 2,600 students enrolled at San Leandro High School (SLHS), COST has provided the school with a model for streamlining care coordination and service integration for its large community. COST is integrated into San Leandro Unified District's Multi-tiered Integrated Intervention Support System (MIISS) and aligned with the district's strategic planning goals. SLHS launched its COST team in the 2015 – 2016 school year through a partnership between Alameda County CHSC, the school's principal/administration, and the school-based mental health Provider (East Bay Agency for Children, or EBAC). The principal helped bring key stakeholders to the COST team. EBAC staffed the COST coordinator role, helping to receive referrals and facilitate COST meetings. CHSC provided training and coaching to the school community about the purpose of COST and provided coaching and support to the COST coordinator. One team member noted that, as school leadership and team members acclimated to the model, "…COST ran itself because the team was so solid." Now in its fourth year of implementation, the COST coordinator role has transitioned to a Special Education Teacher at the school, while EBAC and the Principal continue to participate in the team. The need for CHSC support and coaching has decreased significantly due to the strength and integration of COST at the school.

SLHS COST Team and Implementation

Figure 8. SLHS COST Team Composition and Key Providers

COST Coordinator (Special Education Teacher)

Principal

COST Team

3–5 Service Providers
- Barbara Lee Student Health Center
- East Bay Agency for Children
- Native American Health Center
- Davis Street Family Resource Center

Academic Counselor

Student Resource Officer

Figure 9. SLHS COST Coordinator Time. *The SHLS COST coordinator spends typically 5-9 hours/week updating COST tracker to prepare for bi-weekly 1.5 hour-long COST meetings.*

Coordination	COST Meeting	Duration
5-9 Hours/week	Bi-weekly	**1.5** Hours

Figure 10. SLHS Students in COST. *During the 2017-2018 academic year 191 students were referred to COST, 75% were linked to a support service, and Medi-Cal eligible students received over 1,700 hours of therapy.*

191 Referrals	**75%** Linkage to Care	**1,785** Hours of Clinical Service
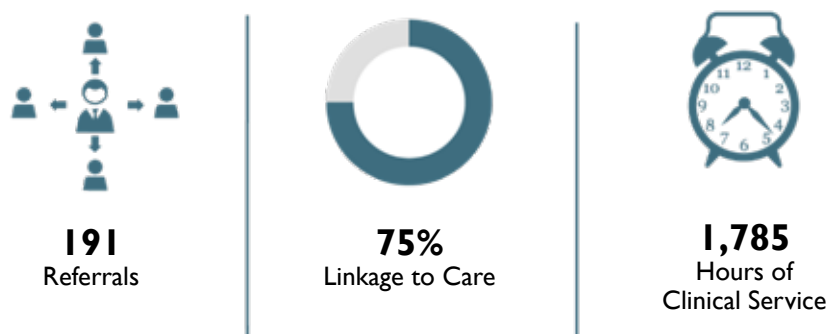
"We were less likely to suspend or discuss suspension of kids if COST was involved."

SLHS COST Implementation Highlights

- Transitioning 9th graders are given a tour of the Barbara Lee Health Center and orientation on recognizing stress, anxiety, and depression and how to access support services by self-referring to COST.
- SLHS tracks general information about COST reviews and referrals in the student information system (Aries).
- Every COST meeting begins with a discussion on current school climate and current events within the community that may be affecting the students' readiness to learn.
- Proactive school-wide measures are taken on an as-needed basis (i.e., anti-bullying campaign) based on trends noticed during COST meetings.
- COST is integrated within the San Leandro Unified School District's Multi-tiered Integrated Intervention Support System (MIISS).
- SLHS was the first school to utilize a service provider as COST coordinator and was able to successfully transfer the role to a teacher at the school.

Snapshot: Newark Junior High School

Background

Newark Junior High School (NJHS) serves 901 7th and 8th grade students. The school's guidance counselor has served as the COST coordinator since COST launched at the school in the 2013 – 2014 school year. Now in its fifth year of implementation, Newark's COST team consists of 6-7 team members including: the COST coordinator, assistant principal, a county partner (CHSC), a school-based mental health provider from EBAC, a parent liaison, and the school psychiatrist. Currently, the guidance counselor primarily refers students to COST by reviewing student data on key early warning indicators, such as absences, suspension, and more. COST also supports the school's efforts to implement Positive Behavioral Interventions & Supports (PBIS) tools such as "Check and Connect." Some students referred to COST will be assigned "Check and Connect" mentors, and those mentors will keep the COST coordinator updated about the students' progress.

NJHS COST Team and Implementation

Figure 11. NJHS COST Team Composition and Key Providers

- East Bay Agency for Children
- El Joven Noble
- Uplift

Figure 12. NJHS COST Coordinator Time. *The NJHS COST coordinator typically spends 30-40 hours/week updating the COST tracker and preparing for bi-weekly 1.5-hour-long COST Team meetings.*

Coordination	COST Meeting	Duration
30-40 Hours/week	**Weekly**	**1.5** Hours

Figure 13. NJHS Students in COST. *During the 2017-2018 academic year, 189 students were referred to COST, 79% were linked to a support service, and Medi-Cal eligible students received 920 hours of therapy.*

189 Referrals	**79%** Linkage to Care	**920** Hours of Clinical Services
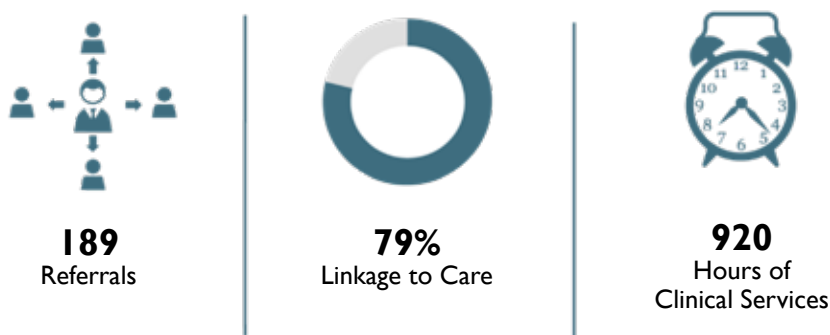
"I love [COST] because it makes it easier for me to keep track of where all the kids are, who they are being seen by and what for…impact is huge and I love when parents call and I can tell them exactly how a student's need is being addressed."

NJHS COST Implementation Highlights

- Every incoming 7th grader who received services in their elementary school is referred to COST.
- Any 8th grader who was linked to a service via COST is automatically referred to the high school COST team when they transition to the 9th grade.
- Any student with multiple absences receives a COST referral.
- Any student failing multiple classes receives a COST referral.
- Any student identified as homeless receives a COST referral.
- All referrals are maintained in the COST tracker, even after a student stops receiving services to which they were linked.

Snapshot: Jackson Avenue Elementary School

Background

Jackson Elementary began implementing the COST model in the Spring of 2018 as part of a district-wide initiative to standardize multi-tiered support strategies and streamline student linkage to resources. As a school that is new to implementation, CHSC established supportive working relationships with the school's administration and COST team members and established a foundation for COST integration by providing training and tools for implementation, such as a COST tracker template, COST referral form template, and trainings that distinguish between COST and other Positive Behavioral Intervention and Support strategies. Jackson's COST team consists of six team members including: the COST coordinator (principal), a school administrative staff member, the school nurse, County staff (CHSC), a teacher, and one service provider. Despite being relatively new to the COST strategy, Jackson Elementary is already experiencing the positive impacts from its implementation.

Jackson Elementary COST Team and Implementation

**Figure 14. Jackson Elementary COST Team Composition and Key Providers**

Figure 15. Jackson Elementary COST Coordinator Time. *The Jackson Elementary COST coordinator typically spends less than 5 hours/week updating the COST tracker and preparing for bi-weekly 1.5-hour-long COST Team meetings.*

Coordination	COST Meeting	Duration
<5		**1.5**
Hours/week	Weekly	Hours

Figure 16. Jackson Elementary Students in COST. *During the Spring of the 2017-2018 academic year, 25 students were referred to COST, 76% were linked to a support service, and Medi-Cal eligible students received over 160 hours of therapy.*

25	**76%**	**162**
Referrals	Linkage to Care	Hours of Clinical Services
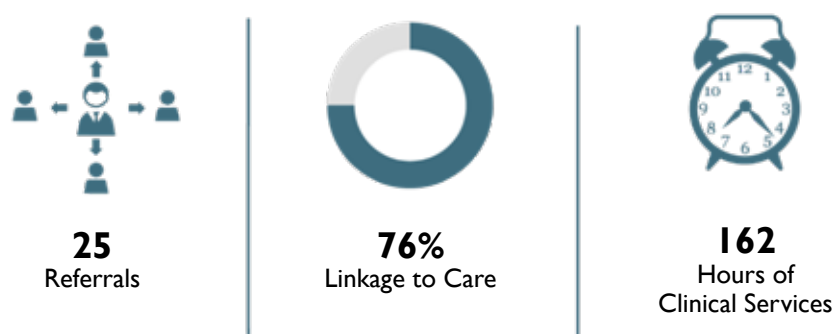
"We are having less Student Support Team (SST) meetings because we are now able to directly funnel students to appropriate services."

Jackson Elementary COST Implementation Highlights

- New to implementation, Jackson Elementary is receiving training and capacity building support from a district health and wellness consultant in establishing COST infrastructure and normalizing this new strategy among teachers and staff.
- As teacher buy-in increases, more proactive measures to meet student needs are being taken; teachers are turning in COST referrals as soon as they begin to see a concerning pattern emerge among their students.
- Jackson's instructional leadership team is developing a flow chart to aid teachers and staff in understanding the COST process and when to submit a COST referral.

About Us

The profound and persistent health and educational inequities in this country require innovative and collaborative solutions. Far too many communities suffer from poor outcomes due to an absence of supports and resources, or "opportunity structures," that enable children and families to thrive, such as quality schools, accessible health care, and economic opportunity. It is the leadership charge of the public sector to address these inequities by carefully targeting resources and supporting the voices of young people and their families. The Center for Healthy Schools and Communities is part of Alameda County Health Care Services Agency's answer to that charge – working across sectors to build School Health Initiatives that ensure all youth graduate from high school healthy and ready for college and careers.

School Health Works

CHSC's School Health Works website offers resources and tools for health and education leaders to build school health initiatives that transform public systems and support all children so they can thrive.

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