Behavioral Health Supports and Services - Moving Beyond Academics

Why is it Important?

Approximately 1 in 6 school-aged youth experience impairments in life functioning due to a mental illness (Perou et al., 2013)

Half of mental illnesses emerge during or before adolescence placing a disproportionate burden on young people (Kessler et al., 2007)

Yet, fewer than half of young people with mental illness receive adequate treatment (Kessler et al., 2007)

Outside of a young person's home, schools are the most likely place where mental health concerns will be detected.

What are the benefits of Mental Health services?

Ensures children are linked with necessary behavioral health services and supports.

Encourages a holistic approach to meet all the needs of a child while avoiding intermittent care.

Behavioral health screening and awareness is an early warning system with peer education and networks being some of the most powerful detection systems.

Collaboration is Key!

A strong collaboration between schools and community behavioral and mental health providers is necessary to develop strong and efficient mental health supports in the school environment.

Don't Forget!

Special populations are often overlooked, but usually need the most consideration

Juvenile Court   Hospitalizations

Behavioral Health   Children Services

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Pittfalls in Identifying Needs and Strategies for Selecting Evidence Informed and Best Practices

STEP 1

What data does my district collect?

How is that information gathered?

What questions do I want to ask?

Traditional Data

**Grades
Attendance
Demographics
Discipline
Referrals to School Nurse**

STEP 2

What other resources are available?

What are the needs of my students?

What program best serves my school?

Additional Resources

**OHYES!
SBMH-Referrals
YRBS Survey
EBPs
PRIDE Survey
Screening and Assessment Tools**

Best Practices to Match Intervention with Need

Use of multiple data sources

Use of validated screening/assessment/ survey tools appropriate to your student population

Consistent and systematic process of using screenings and assessment data to "triage" students into appropriate levels of support

Identifying Programs

Where to Look for Programs

California Evidence-based Clearinghouse for Child Welfare

http://www.cebc4cw.org/

Blueprints for Healthy Youth Development

http://www.blueprintsprograms.com/

NREPP

https://www.samhsa.gov/nrepp

Institute of Educational Sciences What Works Clearinghouse

https://ies.ed.gov/ncee/wwc

PBIS Meets Implementation Science

Q: What is Implementation Science **?**

A: "...the systematic study of how a specific set of activities and designated strategies are used to successfully integrate an evidence-based public health intervention within specific settings" (CDC). **!**

ASPE Implementation

Phase One:
Assess school and community readiness for school behavioral health supports

Phase Two:
Creating a team and structure for implementation

Phase Three:
Ongoing technical assistance to support implementation, monitoring outcomes, and providing feedback

Phase Four:
Improving Future Applications: Review, Reflect and Revise

Fidelity

Key Steps

Data Driven Decision Making

- Collect data - program outcomes and program implementation
- Analyze Data- Are we achieving desired outcomes?
- Revise and Refine

Staff receive training, coaching and frequent performance assessments.

Organizations have the infrastructure for continued training, supervision, coaching and regular process and outcome evaluations.

Program data is collected, monitored and used to evaluate implementation progress and program success.

Progress and program information is communicated to program implementers, key stakeholders and providers.

Communicating Results - It's All About the Presentation

Know Your Audience

- Administrators
- Teachers and School Staff
- Community Providers
- Parents
- Students
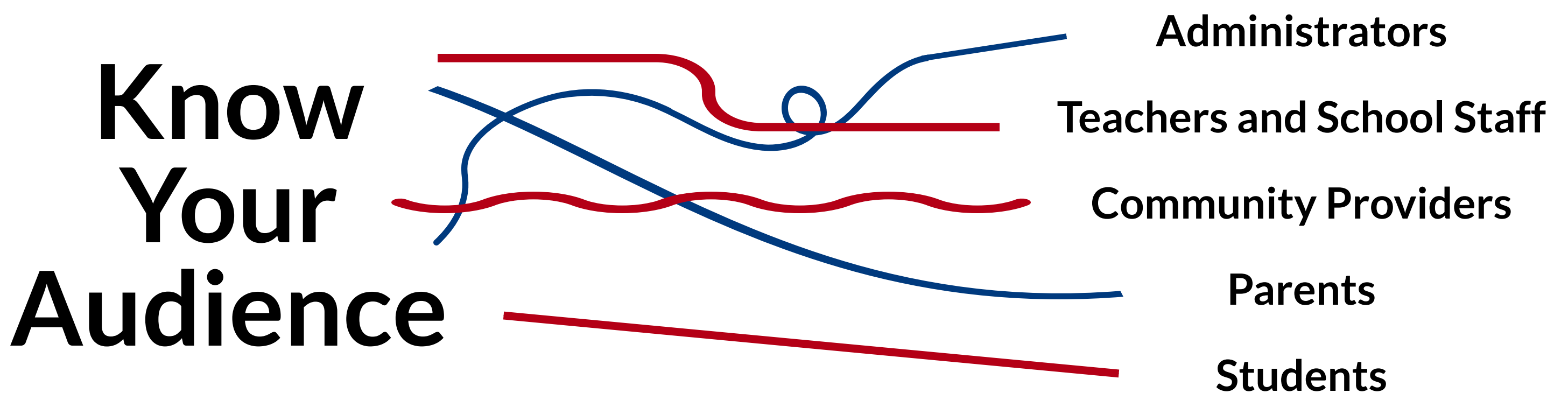
Data presentation should be tailored to fit each interested audience.

Personal Engagement

Presentations

Social Media

Determining the best way to communicate results is a critical, yet often overlooked, part of any program.

Fact Sheets

Present your data in a positive way!

Report Writing

Safe Schools Healthy Students

PAX Program Fact Sheet
Academic Year 2015-2016

pax | Good Behavior Game

Ohio | MHAS — Promoting wellness and recovery
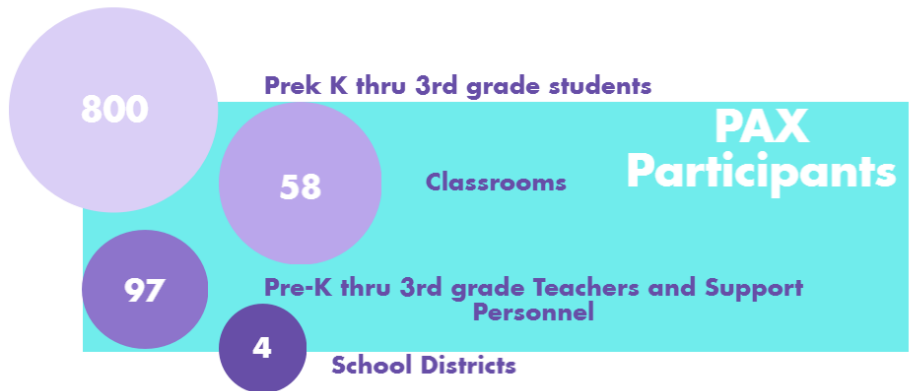
Ohio | Department of Education

The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control, and self-management. The facts below show progress made by each Ohio County working to implement the PAX Good Behavior Game and the impact PAX has had on student self-regulation, self-control, and self-management.

Williams County

67% decrease in disruptive behaviors among preschool PAX participants

61% decrease in disruptive behaviors after implementing PAX in Kindergarten

58% decrease in disruptive behaviors after implementing PAX in 1st thru 3rd graders

PAX Participants

- **800** Prek K thru 3rd grade students
- **58** Classrooms
- **97** Pre-K thru 3rd grade Teachers and Support Personnel
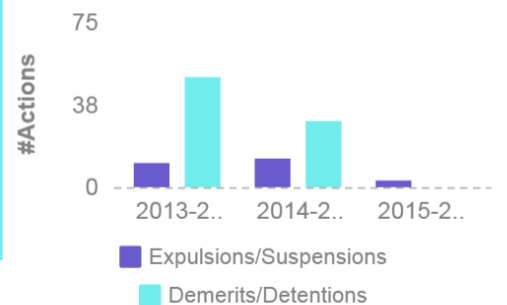- **4** School Districts

Harrison Hills City School District

HHCSD has increased the number students who receive the PAX Good Behavior Program

- **170** Pre-K and K students were exposed to the PAX program
- **99%** reduction in disruptive behaviors for Pre-K students
- **97%** reduction in disruptive behaviors for Kindergarten students
- **489** 1st - 6th grade students were exposed to the PAX program
- **99%** reduction in disruptive behaviors for 1st - 6th grade students

What PAX means to the students: "I want a harmonica to practice being a PAX leader at home...!"

Disciplinary Actions for 1st & 2nd Graders

#Actions (0, 38, 75) for years 2013-2.., 2014-2.., 2015-2..

- Expulsions/Suspensions
- Demerits/Detentions

Greene County

502 students Pre-K and Kindergarten students in PAX Good Behavior Program

1739 total students grades 1-5 in PAX Good Behavior Program

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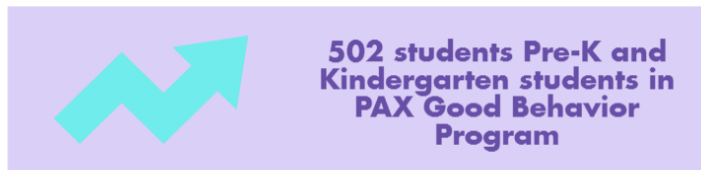
Harrison Hills City School District

Safe Schools Healthy Students Initiative

AY 2015-2016   **Elementary Students**

Ohio | Department of Education
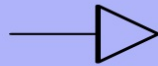
Funded by the federal Substance Abuse and Mental Health Services Administration, SS/HS collaboratively networks community agencies and institutions to ensure continuity of care for children and youth struggling with mental, emotional and behavioral needs.

Safe Schools Healthy Students

Student Assistance Program (SAP) ▷ A comprehensive model, grades K - 12, designed to reduce student risk factors, promote protective factors, and increase asset development.

120 elementary students were identified through the SAP program as needing behavioral and mental health services.

School Therapists

One school therapist provided school-based mental health services (SBMH) for 69 elementary students. Of those students 32 received individual counseling and services..

Truancy Prevention Specialist

The Truancy Prevention and Early Intervention Program focuses on reducing absences among youth attending HHCSD. In 2015-2016 truancy prevention specialist worked individually with 16 elementary students.

Community-Based Mental Health

Occasionally some students need to be referred for CBMH services.

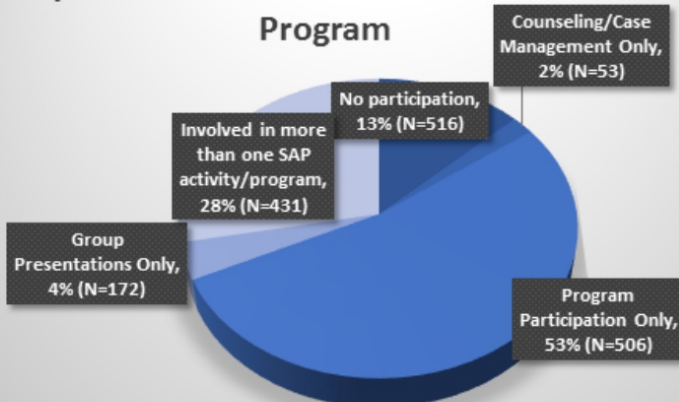## Student Prevention Specialists

Students received prevention education through assemblies, classroom presentations, individual and small group meetings. The Prevention Specialist worked individually with 62 elementary students.

PAX Good Behavior Game

The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control and self-management.

659 total Pre-K through 6th graders have participated in PAX over this past year.

Over the last year their has been on average at least a 90% reduction in disruptive and off-task behaviors during a PAX game.

Child Lures

A child sexual abuse prevention program implemented in 2nd and 5th grade, there was a significant increase in knowledge measured after participating in the program.

Impact of the HHCSD Student Assistance Program

- Counseling/Case Management Only, 2% (N=53)
- No participation, 13% (N=516)
- Involved in more than one SAP activity/program, 28% (N=431)
- Group Presentations Only, 4% (N=172)
- Program Participation Only, 53% (N=506)

Harrison Hills Safe Schools Healthy Students Facebook Page

713 Likes

3400 Views

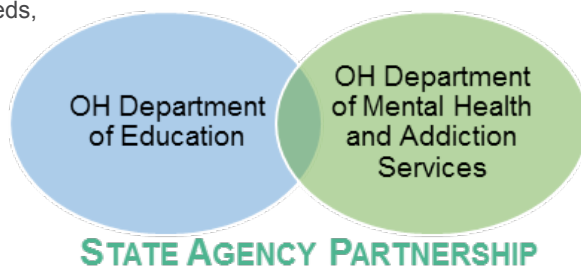JACK, JOSEPH AND MORTON MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
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Ohio and Community Partnerships Creating Safe and Healthy Schools

BACKGROUND

Before Safe Schools/Healthy Students (SS/HS), Ohio's (OH's) rural communities needed better access to services and a system of school and community partnerships to support the mental health promotion and substance use and violence prevention needs of students and families. In 2013, SS/HS grants offered two rural communities and an urban school district an opportunity to identify partners, needs, plans, and processes for using state and local resources to develop safer and healthy students, families, schools, and communities.

OH Department of Education

OH Department of Mental Health and Addiction Services

STATE AGENCY PARTNERSHIP

HIGHLIGHTS

- **School climate and mental health:** The state has met 100% of its objective by increasing the number of students who have received behavioral health services. Prior to this grant, Greene County had school-based mental health services but has significantly expanded its programs. In the other two communities, there are now school-based mental health services where there were none before the SS/HS grant. These services are now available within all three local SS/HS communities.

- **Family and community partnership teams:** The goal is to engage families and family engagement partners to achieve and sustain effective partners and programs. Grant communities have received training to establish a family engagement team. Parent survey data are used to assess progress and to support the health, well-being, and educational needs of children and families.

- **Prevention of alcohol, tobacco, and drug use and violence in Ohio schools:** Evidence-based programs are being implemented in SS/HS grant communities. Primary prevention education activities and early intervention services are in place to address primary, secondary, and tertiary populations in K–12. In addition, adult leaders and youth members have been trained to implement evidence-based prevention programs to prevent alcohol, tobacco, and drug use and violence in Ohio schools.

- **Ohio's Healthy Schools and Communities Resource Team (HSCRT):** The Ohio State Management Team was renamed the HSCRT to describe the integration and work among Ohio's federal-funding initiatives. The HSCRT provides guidance and support to Ohio's SS/HS grantees, Project AWARE grantees, and the School Climate Transformation Grant to support schools, students, and families at the state and local levels.

EVIDENCE-BASED PRACTICES AND PROGRAMS

Ohio currently implements the following practices and programs in Greene County, Williams County, and Harrison Hills City School District:

- ✓ PAX Good Behavior Game
- ✓ PBIS
- ✓ Alcohol Literacy Challenge
- ✓ Safe Dates
- ✓ Student Assistance Program Model
- ✓ Youth Mental Health First Aid Training
- ✓ Youth Engagement
- ✓ New Ohio/Georgetown ECMH Consultation
- ✓ Traumatic Event Crisis Intervention Plan (TECIP)
- ✓ F.A.S.T.
- ✓ Care Coordination (Hot Springs Model)
- ✓ Second Step
- ✓ Too Good for Drugs
- ✓ Peer-to-Peer Mediation

"Teaching elementary students about making healthy choices has helped me make better choices for myself."
—Youth Peer Educator, Harrison County

HSCRT vision: Ohio's children will be socially, emotionally, and behaviorally resilient and productive citizens.

Greene County, Ohio

- *Early Childhood Development:* The Early Childhood Mental Health Consultation program was created to promote young children's social and emotional development and reduce challenging behaviors.

- *School Mental Health Services:* Through a shared-cost funding model, the Greene County Educational Service Center (Greene ESC) expanded school mental health services in one of our largest districts. Greene ESC provides mental health professional development to district staff, therapists, and community members, on topics such as the Traumatic Event Crisis Intervention Plan and Trauma-informed Care.

- *Collaborative Relationships:* Strengthening countywide partnerships and collaboration has enabled the provision of technical assistance, professional development, trainings, and skill building to achieve collective impact.

"We have a need for mental health services in our buildings, and this service helps our students and their families. Many of them would not seek outside services."
—Greene County, OH, School Counselor

"[She] is amazing! She even agreed to be on our PBIS committee that we started this year and is helping us fuse PAX and PBIS throughout the building."
—Greene County, OH, Principal

Harrison Hills City School District, Ohio

- *Community Network:* By establishing a Community Management Team, Harrison Hills City School District receives feedback and suggestions from a wide variety of community members, programs, and services to ensure inclusive program representation.

- *Violence Prevention:* To ensure the personal safety of students through increased awareness, education, advocacy, and action, we implemented Safe Dates, Community Action for Safe Teens (CAST), and Child Lures (CL). The assigned school resource officer from the Sheriff's Office teaches CL to the elementary schools. All second and fifth grades are receiving CL annually. Evaluations show a significant increase in student knowledge.

- *Family, Youth, and Community Engagement*: Family and community engagement was promoted by conducting a parent survey. Parents stated they believe the schools are meeting the students' needs. In 2017, parents and youth were incorporated into the CMT decision making team. Positive Youth Development Specialists led groups that encourage healthy life choices for elementary, middle, and high school students.

Williams County, Ohio

- *Strategic Partnerships:* By partnering with Ohio's Whole Child Matters Initiative, Williams County provides mental health and behavioral support to preschool staff, children, and parents.

- *School Mental Health Services:* The local hospital in partnership with SS/HS is funding and employing school-based mental health therapists who are stationed in schools as part of the school team.

- *Care Coordination:* Williams County hired and implemented care coordinators to help and support students and families struggling with behavioral and mental health issues and created the *Williams County Resource Guide*, which will benefit families and schools.

64% decrease in disruptive behaviors by implementing PAX

50% decrease in expulsion and/or suspension for first grade students
—*in Williams County*

"I love PAX. They, the students, want to be PAX Leaders. It is changing their thinking!"
—*First Grade Teacher, Williams County*

LOOKING DOWN THE ROAD

The Healthy Schools Community Resource Team will be maintained after SS/HS funding has ended through the existing collaboration of Project AWARE and the School Climate grant. In addition, Ohio is defining how state health and human service agencies work together to maintain a system of services and supports for students in preschool through age 25 based on the activities of the SS/HS and State Youth Treatment Planning grants.

We are committed to sustaining and/or expanding the following programs and services in Ohio:

- ✓ Prevention 101 Education and Technical Assistance
- ✓ Local Community Partnership Teams
- ✓ School Safety Plans and School Climate Supports
- ✓ Early Childhood Mental Health Consultation and Support
- ✓ Link With Regional DACC Consultants

Sustainability and Collective Impact - The First Cut is the Deepest

Resources

Staffing

Collaboration

Communication

Fidelity

Administrative Buy-in

Conditions for Collective Success*

- **Common Agenda**

- **Shared Measurement System**

- **Mutually Reinforcing Activities**

- **Continuous Communication**

- **Backbone Support Organization**

Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

* Kania & Kramer, 2011

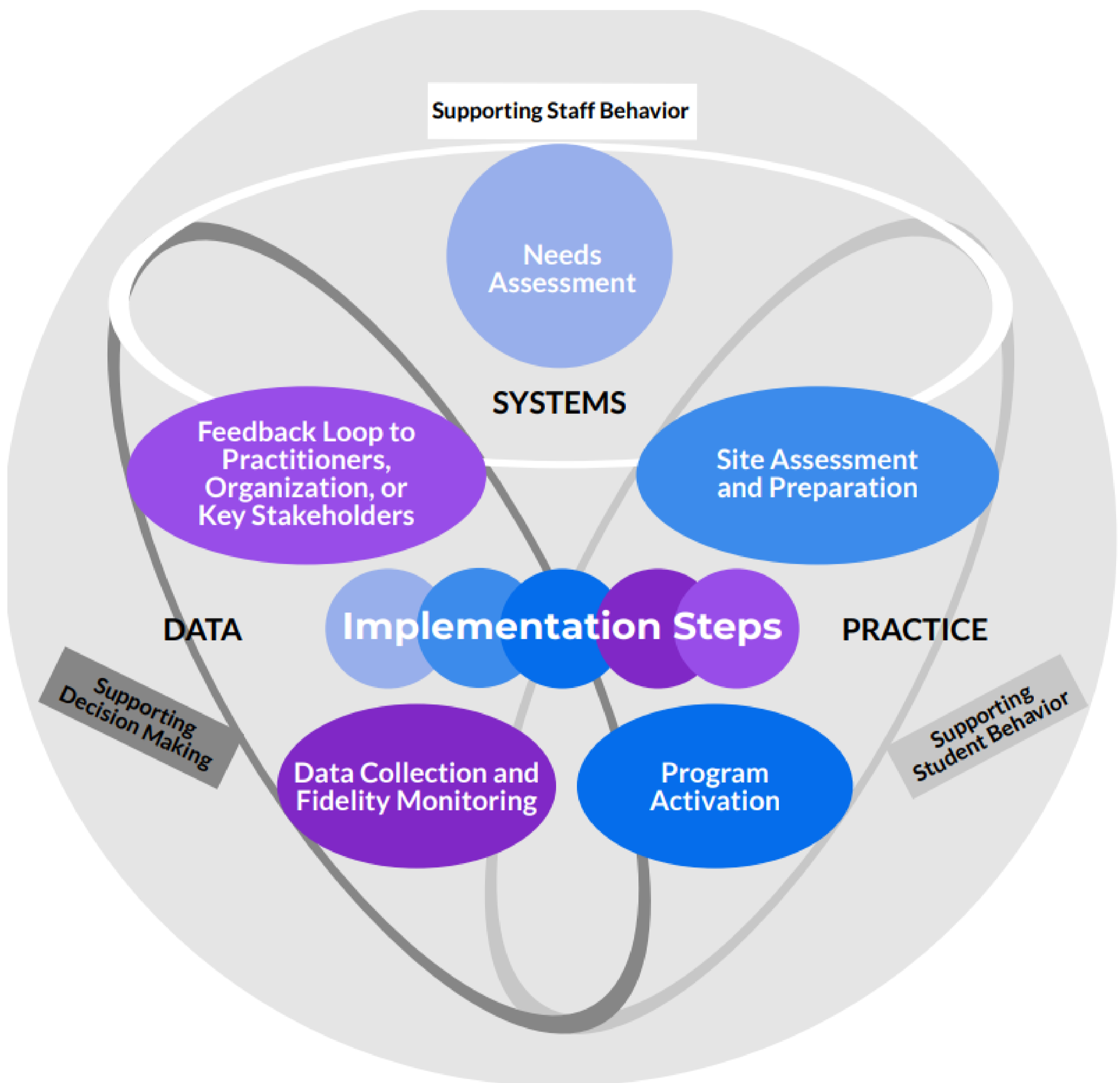216.368.5235

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Supporting Social Competence & Academic Achievement Through Implementation Science

Supporting Staff Behavior

Needs Assessment

SYSTEMS

Feedback Loop to Practitioners, Organization, or Key Stakeholders

Site Assessment and Preparation

DATA

Implementation Steps

PRACTICE

Supporting Decision Making

Data Collection and Fidelity Monitoring

Program Activation

Supporting Student Behavior

Assessing Yearly Referrals

ID	Referral Reason	If Reason is "Other" Please list	Date	School	Grade	SBMH or CBMH	Who made referral	Individual/ Agency Student referred to	Linked w/ service	System Navigator involved	Comments

Tool 1.1. *Example Referral Forms*

Example Referral Form: School Staff

Name of student: _____

Your name: _____

Relationship to student: _____

The school's problem-solving team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: _____   Best time to contact: _____

Area of concern (please describe):

- ☐ Academic Concerns:
- ☐ Behavioral Concerns:
- ☐ Social Concerns:
- ☐ Emotional Concerns:
- ☐ Physical Health Concerns:
- ☐ Family Concerns:
- ☐ Other: _____

Behavioral concerns (please mark all boxes that apply):

- ☐ Exposed to community violence, other trauma
- ☐ Nightmares, intrusive thoughts
- ☐ Anxious, fearful or irritable mood
- ☐ Jumpy or easily startled
- ☐ Avoids reminders of trauma
- ☐ Aggressive
- ☐ Sexualized play or behaviors
- ☐ Difficulty concentrating

- ☐ Talks excessively
- ☐ Gets out of seat and moves constantly
- ☐ Interrupts and blurts out responses
- ☐ Inattentive, distractible, forgetful
- ☐ Disorganized, makes careless mistakes
- ☐ Angry towards others, blames others
- ☐ Fights and is aggressive
- ☐ Argumentative and defiant

- ☐ Sad, depressed or irritable mood
- ☐ Hopelessness, negative view of future
- ☐ Low self-esteem, negative self-statements
- ☐ Difficulty concentrating
- ☐ Diminished interest in activities
- ☐ Low or decreased motivation

- ☐ Anxious and fearful
- ☐ Worries excessively
- ☐ Difficulty sleeping
- ☐ Restless and on edge
- ☐ Specific fears or phobias
- ☐ Difficulty concentrating
- ☐ Clingy behavior
- ☐ Appears distracted