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

School Mental Health Referral Pathways Toolkit
http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf

Project AWARE
http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources
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?

**STEP 2**

What other resources are available?
What are the needs of my students?
What program best serves my school?

Traditional Data
- Grades
- Attendance
- Demographics
- Discipline
- Referrals to School Nurse

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

Where to Look for Programs

- California Evidence-based Clearinghouse for Child Welfare
- Blueprints for Healthy Youth Development
- NREPP
  [https://www.samhsa.gov/nrepp](https://www.samhsa.gov/nrepp)
- Institute of Educational Sciences
  [What Works Clearinghouse](https://ies.ed.gov/ncee/wwc)

216.368.5235  www.begun.case.edu
@BegunCenter  /BegunCenter
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

Data Driven Decision Making

Collect data - program outcomes and program implementation

Revise and Refine

Analyze Data- Are we achieving desired outcomes?

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.

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

Key Steps

Fidelity

Staff receive training, coaching and frequent performance assessments.
Communicating Results - It's All About the Presentation

Know Your Audience

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

Report Writing

Present your data in a positive way!

Administrators
Teachers and School Staff
Community Providers
Parents
Students

Know Your Audience

Administrators
Teachers and School Staff
Community Providers
Parents
Students

Present your data in a positive way!
Safe Schools Healthy Students
PAX Program Fact Sheet
Academic Year 2015-2016

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

Harrison Hills City School District
- HHCSID has increased the number of 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...!"

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
Harrison Hills City School District
Safe Schools Healthy Students Initiative
AY 2015-2016
Elementary Students

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.

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.

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.

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.

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

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.

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

Harrison Hills Safe Schools Healthy Students Facebook Page
713 Likes
3400 Views

JACK, JOSEPH AND MORTON MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
CASE WESTERN RESERVE UNIVERSITY
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.

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

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.

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

“Teaching elementary students about making healthy choices has helped me make better choices for myself.”

—Youth Peer Educator, Harrison County
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.

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.

**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.
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.

Conditions for Collective Success*

- Common Agenda
- Shared Measurement System
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organization

* Kania & Kramer, 2011
Supporting Social Competence & Academic Achievement Through Implementation Science
### Assessing Yearly Referrals

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<th>Referral Reason</th>
<th>If Reason is &quot;Other&quot; Please list</th>
<th>Date</th>
<th>School</th>
<th>Grade</th>
<th>SBMH or CBMH</th>
<th>Who made referral</th>
<th>Individual/Agency Student referred to</th>
<th>Linked w/ service</th>
<th>System Navigator involved</th>
<th>Comments</th>
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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