Expanding School-Based Behavioral Health Resources in the Southland

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Acknowledgments

This slide presentation includes slides from the Partnership for Resilience and the Center for Childhood Resilience (CCR). CCR slides were developed in collaboration with many partners, including Chicago Public Schools' Office of Social & Emotional Learning.

If you are interested in further communication or collaboration with the Center for Childhood Resilience, please

email ccr@luriechildrens.org or visit www.childhoodresilience.org

Today's Objectives

1. Understand how **mental heath difficulties** impacts a young person's learning & behavior in schools

2. Learn about implementing the **MTSS process** to address mental health symptoms at varying levels of severity

3. Learn **viable models** to address students' mental health in school based efforts

4. Learn about **local examples** of school-based mental health initiatives

Rationale & MTSS Process

7.5 Million U.S. Children with Unmet Mental Health Needs

- On average, only 1/4 of children in need of mental health get the help they need

- Of those receiving mental health treatment, **70-80%** receive treatment in a school setting

- Research suggests that schools may function as the <u>de facto mental health system</u> for children and adolescents

(Center for Health and Behavioral Health in Schools, 2012)

Mental Health Problems reported among *Chicago Public School* Students

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32.5% of CPS students felt sad or hopeless almost every day for 2 weeks or more in a row and stopped usual activities

CDC YRBS, 2013

15.5% of CPS students seriously considered attempting suicide
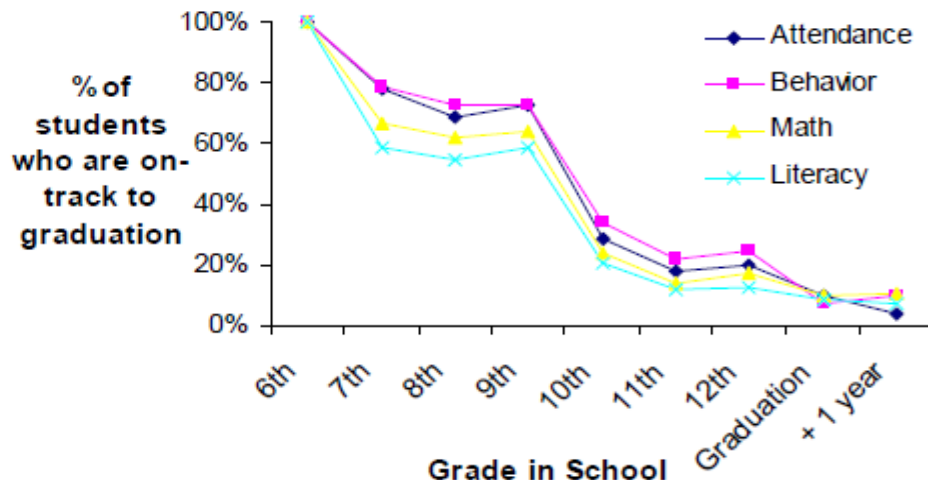CDC YRBS, 2013

Chicago Public Schools

Sustained Misbehavior in 6th Grade is as Predictive of Dropping out as Attendance and Course Grades

The Primary Off-Track Indicators for Potential Dropouts:

- **A**ttendance - <85-90% school attendance

- **B**ehavior - "unsatisfactory" behavior mark in at least one class

- **C**ourse Performance – A final grade of "F" in Math and/or English or Credit-Bearing HS Course

Sixth Graders (1996-97) with an Early Warning Indicator

% of students who are on-track to graduation

Legend: Attendance, Behavior, Math, Literacy

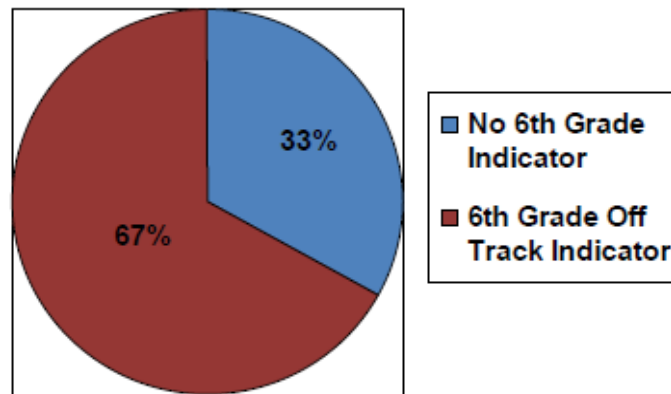Grade in School: 6th, 7th, 8th, 9th, 10th, 11th, 12th, Graduation, +1 year

Sixth-grade students with one or more of the indicators may have only a **15% to 25% chance of graduating** from high school on time or within one year of expected graduation

Note: Early Warning Indicator graph from Philadelphia research which has been replicated in 10 cities.
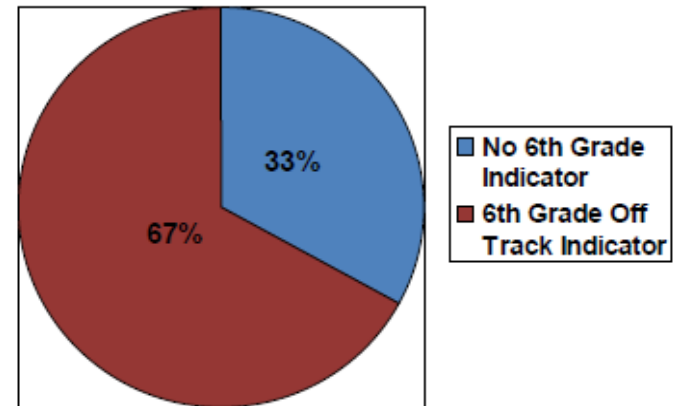
Morgan, E., Salomon, N., Plotkin, M., and Cohen, R., The School Discipline Consensus Report: Strategies from the Field to Keep Students Engaged in School and Out of the Juvenile Justice System (New York: The Council of State Governments Justice Center, 2014).

The cost of inaction is high.
School disengagement, precedes involvement with the juvenile justice system and teenage pregnancy
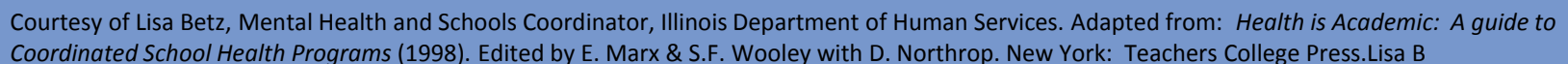
Males Incarcerated in High School-Philadelphia

Females Who Give Birth in High School-Philadelphia

33%

67%

☐ No 6th Grade Indicator

■ 6th Grade Off Track Indicator

33%

67%

☐ No 6th Grade Indicator

■ 6th Grade Off Track Indicator

What isn't working for Kids, Families, and Communities in Illinois?

From 2001 Children's Mental Health Task Force *"Children's Mental Health: An Urgent Priority for Illinois"*

- Children's mental health in our state in need of significant modification to meet needs of children and families
  - Little or no emphasis on prevention or early intervention
  - Little coordination among families, agencies and schools
  - Unequal access to services
  - Resources are not maximized
  - Families are not fully engaged as partners

Courtesy of Lisa Betz, Mental Health and Schools Coordinator, Illinois Department of Human Services. Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.Lisa B

Illinois Children's Mental Health Act of 2003

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Created the first Social-Emotional Learning Standards in the United States and requires that every school district:

- Implement evidence-based age and culturally appropriate classroom instruction and school-wide strategies that teach social and emotional skills
- Establish protocols to screen, assess and provide early intervention for students who have significant risk factors
- Establish partnerships with diverse community agencies and organizations to assure a coordinated approach
- Build and strengthen referral and follow-up mechanisms for providing effective clinical services

Five Core Competencies
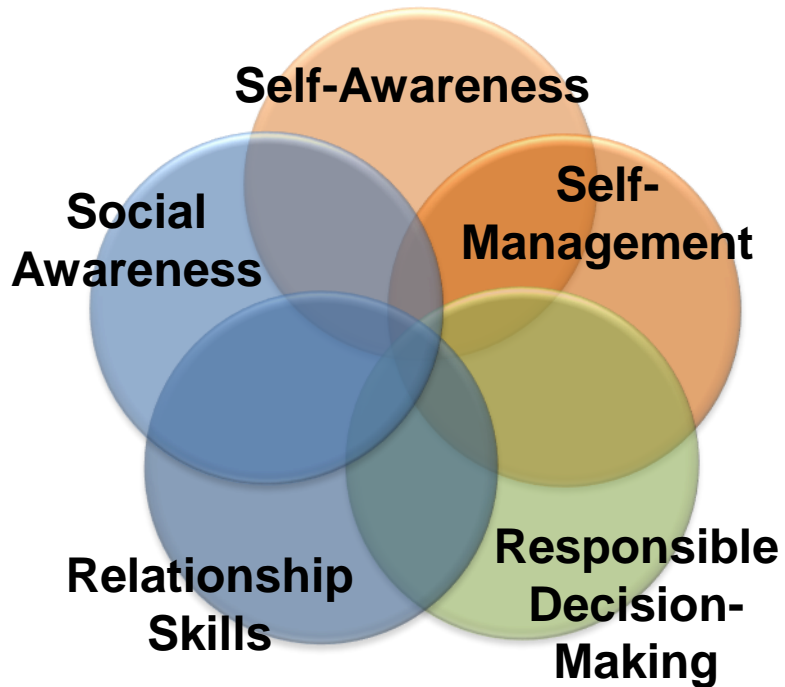
IL Learning Standards for SEL

Self-Awareness

Social Awareness

Self-Management

Relationship Skills

Responsible Decision-Making

Self	<u>Goal 1:</u> Develop **self-awareness** and **self- management** skills to achieve school and life success.
Others	<u>Goal 2:</u> Use **social- awareness and interpersonal skills** to establish and maintain positive relationships.
Decision-Making	<u>Goal 3:</u> Demonstrate **decision-making** skills and **responsible behaviors** in personal, school, and community contexts.

CASEL meta-analysis of 213 studies

Safe, Supportive Environment

SEL Skills Instruction

Improved SEL Skills

Positive mindsets

More Prosocial Behavior

Less Emotional Distress

Fewer Conduct Problems

Higher Academic Achievement

Multi-Tiered Systems of Support for Social, Emotional, & Behavioral Needs

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ALL STUDENTS
(Examples: School-wide Expectations, Second Step, Talking Circles)

POSITIVE LEARNING CLIMATE

School climates with positive relationships, clear expectations, and collective responsibility establish appropriate behaviors as the norm. Respectful, learning-focused, participatory classroom environments with well-managed procedures and behaviors maximize learning time. Supportive and restorative discipline systems maintain safety & order.

SOCIAL AND EMOTIONAL LEARNING

Explicit curricula, along with integrated instructional practices that promote social and emotional development, teach students how to form positive relationships, make responsible decisions, and set goals. These are critical skills for college and career success.

SOME
(Ex: Peer Conference, Check In/Check Out)

TARGETED SUPPORTS

For at-risk students, classroom-based responses can help de-escalate behavior problems, clinical group interventions address anger, trauma, and violence; and restorative practices provide students with strategies to resolve conflicts

FEW
(Ex. Wraparound, Individualized Counseling)

INDIVIDUALIZED INTERVENTIONS

For students with the highest levels of need, highly-targeted and individualized behavior strategies provide more intensive intervention and monitoring.
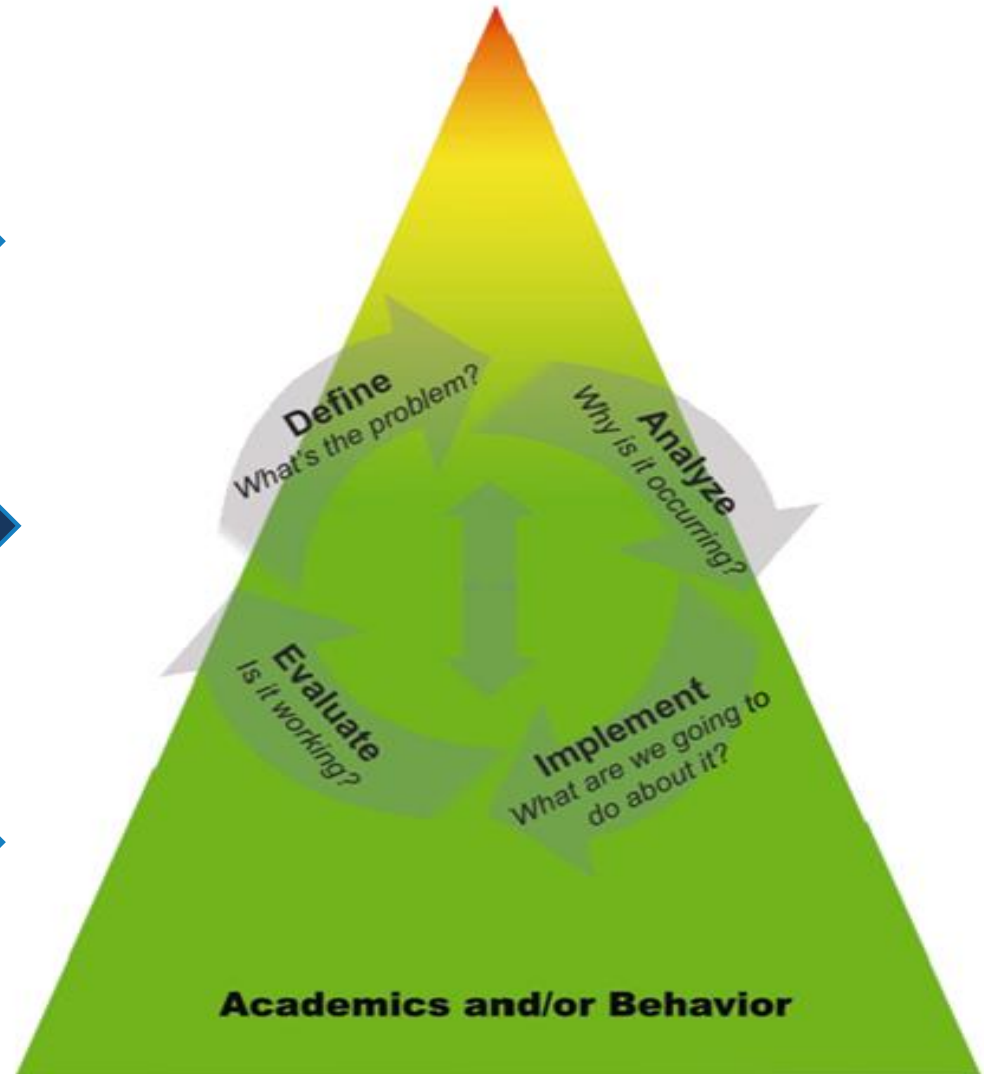
MTSS 3 Tiers of Support

Teachers/Educators Provide:

Tier 3: deep & intense supports based on individual and small group needs (*few*)

Tier 2: Additional, targeted academic and behavioral supports where needed (*some*)

Tier 1: Universal instruction in the core curriculum to all students (*all students*)

Define — What's the problem?

Analyze — Why is it occurring?

Evaluate — Is it working?

Implement — What are we going to do about it?

Academics and/or Behavior

Behavioral Health Resources

Important Pieces

- Staff
  - Psychologist
  - Social Worker
  - Nurse
  - Counselor
- School Programming
  - Social and Emotional Learning
  - Multi-Tiered Systems of Support (MTSS)
- Community Resources
  - Partnerships
  - Behavioral and Mental Health Providers

Process

- Behavioral Health Survey
  - Developed questions for each school
  - Collected responses from representatives from each school district

- Provider Research
  - Mapped providers of behavioral health services in the area
  - Compiled services provided

Behavioral Health Resource Questions

1. Most Important Behavioral Health Needs
2. Full Time Staff
3. Social and Emotional Learning
4. Tier I and Tier II Curricula
5. Parental Involvement
6. Outside Providers

Identified Needs

- Coping skills

- Conflict resolution

- Mental health services
  – Esp. ADHD, Depression, Anxiety

- Mental health professionals or counselors in the school

- Behavioral health resources near the school with availability

- Increased services for parents and parental involvement

School Staff

Psychologists

- Recommendation:
  - 1 School Psychologist for every 500-700 students [1]

- Roles
  - Evaluation for special-education services (required) [2]
  - Consulting teachers and families
  - Group counseling
  - Individual counseling and crisis intervention

- Findings:
  - Part-time or as needed psychologist
  - Evaluation focused, not counseling

Social Workers

- Recommendations:
  - 1 social worker per 250 general education students [3]

- Roles [3]
  - Provision of evidence-based education, behavior, and mental health services
  - Promotion of a school climate and culture conducive to student learning and teaching excellence
  - Maximization of access to school-based and community based-resources

- Findings:
  - Most schools had 1 social worker.
  - Some schools shared a social worker

Nurse

- Roles
  - Physical health
  - Mental and behavioral health [4]
    - Holistic approach to health – psycho-social, emotional wellness
    - Care coordination
    - Collaboration with parents, physicians
    - Seeking resources, arranging referrals
- Findings
  - Each school has access to a nurse, many schools shared nurses

School Counselors

- Roles [5]
  - 1) Academic
  - 2) Career
  - 3) Social/Emotional
- Findings
  - Most of the schools had no counselors
  - The schools with a type of counselor were involved in social and emotional learning.

Overview of Staff by School District*

Resources	122	132	148	169	205
Nurse	Full time	Part time	Part time	Part time	Multiple per school
Psychologist	Part time	Contract/ As needed	Part time	Contract/ As needed	Full Time
Social Worker	Full time	Full time	Part time	None	Multiple per School
Counselors	None	None	Some	Some	Multiple per School

*This table is an overview by school district, the number of staff may vary between schools within the same school district.

School Programs

For Students

- MTSS, Social and Emotional Learning
- Common Programs
  - Tier I
    - Bullying Prevention
    - Social Skills Instruction
    - School Incentives (e.g. school money and prizes)
  - Tier II
    - Group counseling
    - Check-in/Check-out
- Some schools have more than others

For Parents

- Parent University
- Parent assemblies/meetings
- Positive Parenting Program (Triple P)

Overview of Services
by School District*

Programs	122	132	148	169	205
Social Skills Instruction	X	X			
Bullying Prevention	X		X		
Assemblies		X			
School Incentives (prizes)		X	X	X	
Behavioral Lesson Plans			X	X	
Check-in Check-out			X		
Group Counseling		X		X	X
Classes for Parents	X				

*This table is not meant to be comprehensive, it simply shows the variation between school districts. Not all schools within a school district offer the same services/programs.

Community Providers

Findings

- Current partnerships
  - Contracted psychologist for IEP Evaluations
  - No other partnerships with behavioral health providers

- Community Resources
  - Few organizations that offer behavioral/mental health services
  - Few psychiatric services
  - Individuals with intensive needs are often sent to hospitals in Chicago

Conclusions

- **The Tier 1 Capacity is there**
  - All schools have social and emotional learning curriculum and a multi-tiered system of support

- **There is a need to improve Tier II and Tier III**

- **There are no direct partnerships between community providers and the schools for behavioral and mental health services**

- **There are limited resources within the communities**
  - Limited psychiatric services
  - For intensive services children often need to travel to Chicago

Models for School-Based Mental Health

Current Landscape in South Suburbs Tier II and Tier III

- School staff treat some students with emotional disabilities and behavioral problems
  - Those students tend to have an IEP with social work minutes
  - At best, billing to Medicaid occurs for those who have an IEP

- School staff make referrals for those that rise to the attention of others, typically when behaviors interfere with school functioning
  - Often those are students who's problems have gone beyond prevention or early intervention
  - Traditionally, students receive predominately crisis intervention, screening, or brief 1:1 counseling

Current Landscape in South Suburbs Tier II and Tier III

- When student symptoms require psychiatric treatment, there is limited access to child psychiatrists
  - "Mental health desert"
  - Inequitable access to mental health care

- Referrals to Tier III are made to local community mental health agencies for outpatient services
  - Those who are in greater need are referred for urgent treatment
 - Partial hospitalization or inpatient hospitalization

Option A: Partnering with Schools and Building Counseling Capacity

- Increasing capacity for what we can provide in schools
  - Academic institutions invest in pre-service learning of counselors, social workers and psychologists to work in schools
    - Training in evidenced based strategies and interventions for Tier II groups and for Tier III approaches
      Tier II – Anger management, trauma treatment
      Tier III – Trauma focused CBT
  - Field Placement into schools in the south suburbs for training
  - Developing partnerships for training, support, professional learning communities

Advantages to building capacity:
  - New workforce upon hire are ready to deliver innovative practice
  - Via In-service training, staff continue to develop best practices on the job
  - Training CBOs also allow for shared learning and continue to build up community

Tier II Interventions
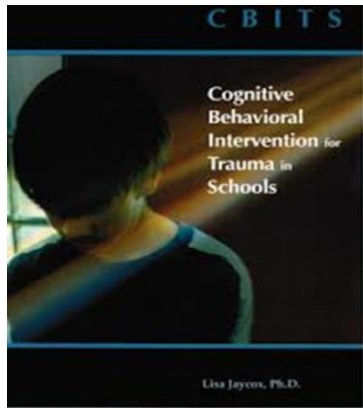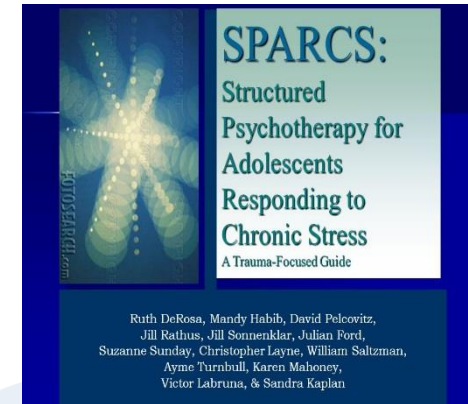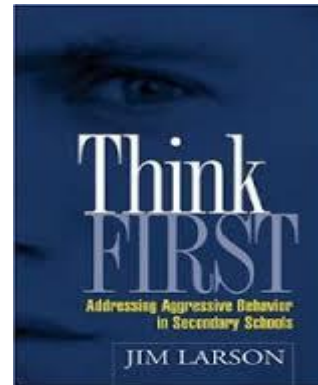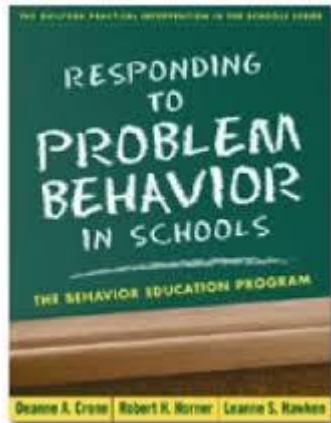
Governors State University in University Park, IL is involved in training of counselors

- In partnership with the Partnership for Resilience:
  - Extra support for building resilience and teaching trauma informed practices
  - Building capacity for educators by teaching SEL in the Department of Education (pre-service and post-service)

- 31 schools are involved in the partnership

- Resilience teams have been developed throughout schools in the Partnership, tailored to meet each district/school needs

Advantages to partnering with a local academic institution:
- Students trained by GSU tend to seek employment in the south suburbs
- Staff who are trained at GSU often are local residents and are committed to the community within which they teach and serve
- Staff who live and work in the community tend to understand the student body and are able to bring their contextual knowledge into their work

Difficulties
- No clear funding pathway
- No incentives/guarantees that teachers or counselors will remain in so suburbs
- Universities are burdened with state budget cuts. Can we ask them to do more than they are already doing?

Option B: Partner with Community Providers & Developing Community Schools

- Bringing behavioral health into schools and working with community-based organizations (CBOs)

- Requires school administration buy-in and is front-loaded with efforts from a motivated staff

- To use CBO effectively, need organized referral & screening process

- Requires designation of resources to have a successful collaboration: space, time for oversight, communication

- Partnering with agencies has precedence:
  - Metropolitan Family Services
  - Grand Prairie Services
  - Youth Guidance

Option B: Partner with Community Providers & Developing Community Schools

Advantages
- Increases opportunity to receive services AND agencies want to be in schools
- Creates equitable access for marginalized students who have difficulty getting connected in the community
- Improves attendance, behavior, and grades for students served

Disadvantages
- Staff turnover or involve interns (to build workforce capacity), who are only in the building for one-year
- Availability for CBOs to work outside of the building vs. in the office can vary
- Sustainability for this model is challenging given the variations in funding streams and/or stop abruptly based upon state budget limitations

Center for Childhood Resilience: Training on Evidence Based Tier II Interventions

- Collaborate with national developers of curricula
- Serve as local trainers for district wide trainings
- Develop local cadre of trainers
- Supported Implementation: *Move Beyond "Train and Hope"*
- Through CPS, trained over 1000 Clinicians including:
  - Approximately 90% of CPS School Social Workers
  - CPS psychologists, counselors and community mental health providers
- Expand training to other school districts including Charter Schools, Cicero, Champaign-Urbana, Carpentersville, Lansing, Joliet, etc.
- Assist in identifying and piloting new interventions to add to clinician tool box

ECHO Special Education Collaborative in Dolton, IL

(17 district collaborative)

Tier I: Began movement toward becoming a Trauma-Informed district (Staff PD in trauma lens and strategies)

Tier II: Anger Management Interventions (training and implementation)
- Anger Coping for elementary students
- Think First for high school students

Tier II: Psychiatric consultation (clinical team training via psychiatric consultation in Staff PD series)

Best Practices in Action

ECHO Special Education Collaborative in Dolton, IL (17 district collaborative)—requires layers

Remaining Needs:

Tier I: Additional SEL curriculum and practices

Tier II: Trauma Interventions (training and implementation)
- Several evidenced-based trauma interventions include: CBITS and SPARCS

Tier III: Psychiatric consultation and/or psychiatric access
- Desire to build relationship with more CBOS; Referrals to agencies met with long waiting lists; psychiatrists needed ASAP

Option C: Integrated Health Homes & Schools

- Creating a medical home, similar to a school-based health clinic, with higher coordination and behavioral health services
- Ideal to connect with a telepsychiatry academic partner to provide consultation to the pediatricians

Advantages
- Demonstrates true care coordination
- School-based mental health brings services and supports to students
- Students do not have to miss a day of school to attend appointments in the community
- Increased medication compliance and continuity of care

Disadvantages
- Reimbursement and payment model not yet resolved; school-based services not fully compensated
- Requires the building of a system that will allow for coordination of care
- Significant planning involved to build integrated care
- Readiness factors must be in place: designated staff, admin buy-in, allocated resources, vision, data-informed practices, reliable record-keeping

District 169 Ford Heights

Collaboration with Cook County Health Services
- – Proximity to school; previously no partnership
- – Low compliance for school physicals and immunizations
- – In order to make this happen, staff: a) obtained a list of students in noncompliance, b) made home visits for parental consent, and c) the nurse set up blocks of appointments

Partnership has facilitated:
- – Physicals, sports physicals, and screenings
- – Dental & vision services (grant also covers a lost/broken 2nd pair of glasses)
- Primary center – **100% compliance and Upper school – 98% compliance**
- **Served over 100 students for dental services and over 50 students for vision**
- Mobile clinic for vision and dentistry made use of CPS vacation days and served suburban students

District 169 Ford Heights

Not a one-sided partnership:

- Ford Heights staff came to a Cook County Budget meeting and spoke to the Alderman and Mayor of Harvey.
- Increased access for the clinic to connect with the community
- No transportation dollars were needed
- Parking lot away from the middle school

Lessons learned:

- Have a vision
- Brainstorm ahead of time
- Establish a calendar
- Use district vehicles
- Identify roles and responsibilities early in the partnership

Goals

- Start small and build collaboration with existing CBOs in the community

- Increase the number of outside providers working within the schools

- Increase the capacity of community partners to address the needs of children and youth within this district

- Increase the awareness of services among families

- Learn more about mental health services and new programs that are developing in the community

- Advocate for additional training on evidence-based interventions

- Apply for funding to build sustainable mental health practices

References

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- [4] Illinois State Board of Education. (2016). School Nurses: It's more than Physical- Integrating Behavioral Health into School Nurse Practice. Retrieved from: http://cookcountypublichealth.org/files/2016-school-nurse/integrating-behavioral-health-into-school-nurse-practice-final.pdf

- [5] Illinois School Counselor Association. (2014). Developmental Model for Illinois Schools. Retrieved from: https://www.isbe.net/Documents/il_dev_counseling_model.pdf

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